

LEISURE CONNECTIONS AND HEALING FOLLOWING TRAUMA:
CONSTRUCTIVIST AND EXISTENTIAL REFLECTIONS AND THEORIZING

Ashleigh Miatello, B.A.

A thesis submitted for completion of the requirements for the degree of
Master of Arts in Applied Health Sciences (Community Health)

Supervised by: Dr. Susan Arai

Faculty of Applied Health Sciences

Brock University

St. Catharines, Ontario

Ashleigh Miatello © September, 2012

Abstract

Trauma can have lasting effects on health (CAMH, 2010; DSM-IV, 1994; Lazarus, 1966), negatively influencing meanings and experiences of leisure in relation to health (Griffin, 2002, 2005; Meister & Pedlar, 1996). This interpretive grounded theory explored understandings of leisure during *Leisure Connections* and how *Leisure Connections* provides a context for healing from trauma. Data included observations, interviews with six participants, and reflection cards. Nine themes emerged: responding to trauma in leisure, letting go of familiar coping patterns and opening to joy, being in the moment of small steps and simple things, changing understandings of self, reconnecting with the body, shifting to internal motivation, choosing, reconnecting with others in leisure, balancing life with leisure, and growth and connections. *Leisure Connections* supported participants to explore leisure and its benefits as issues arise, to understand and respond differently. *Leisure Connections* provides boundary situations critical for existential growth and opportunity to change coping patterns.

Acknowledgments

I would like to begin by thanking my supervisor, Dr. Susan Arai for her countless hours of dedication to my MA process. Beyond my graduate education, you have inspired me to challenge the status quo and seek opportunities to create change. You once said that uncomfortable situations are an essential part of personal growth and I have returned to that thought many times – and will continue to throughout my life. Thank you!

Drs. Heather-Lee Kilty and Miya Narushima also deserve many thanks. Your insights, expertise support and faith in me are truly appreciated. Thank you to my external examiner Dr. Anne Marie Sullivan. Thank you to Dr. Mike Plyley and Bev Minor for your support, faith and dedication to me – and all graduate students.

Thank you to the team members of the Program for Traumatic Stress Recovery (PTSR). You do great work and I appreciate your support during my time at Homewood. A special thanks you to Janet Griffin for your invaluable support while I was onsite both learning about the PTSR and collecting data. You have immense knowledge and dedication to survivors of trauma as well as a passion for leisure, healing and self-discovery. I am tremendously thankful for your strength and direction throughout this research. To the participants in the Program for Traumatic Stress Recovery, thank you for sharing your experiences – without you this research would not have been possible.

On a personal note, I must thank my parents for their constant support and encouragement. Taylor thanks for the much needed reality checks. Glenn, thank you for the vital encouragement along this journey – our life is never dull! Finally to Cecilia and Celeste, you were my inspiration and my motivation in moments when I doubted my ability to complete this thesis. I love you!!

Table of Contents	
Acknowledgments.....	iii
List of Figures	vi
Chapter One: Introduction	1
Site of the Study: Leisure Connections	9
The Program for Traumatic Stress Recovery	12
The Sanctuary model.....	15
Treatment groups in the Program for Traumatic Stress Recovery	20
Chapter Two: Literature Review	21
Typical Stress Responses.....	21
Traumatic Events.....	25
Reactions to Trauma.....	27
Traumatic Stress and Posttraumatic Stress Disorder.....	33
Leisure and Motivation.....	35
Connecting Leisure and Health in Therapeutic Recreation	39
Leisure in processes of healing from stress and trauma.....	42
Empowerment	50
Existentialism and Therapeutic Contexts	57
The human experience of being and becoming.....	58
Ultimate concerns.....	58
Existential psychotherapy.....	61
Existential Psychotherapy and Trauma Healing	62
Chapter Three: Leisure Connections and the Program for Traumatic Stress Recovery	65
Describing Study Participants.....	65
Leisure Connections: An Overview of the Sessions and Participants' Experiences	68
Sessions One: Learning about Leisure Through Psycho-Education	71
Session Two: Tug of War or Stance in Life	80
Session Three: "Giving myself the opportunity to learn the new pattern"	84
Session Four: "The more I gave away, the more I got in return"	89
Opportunities for Understanding Leisure in the Program for Traumatic Stress	
Recovery.....	93
Chapter Four: Findings	96
Responding to Trauma in Leisure.....	98
Leisure Was Just a Word, or Relaxation, Not a Feeling	98
Expansion of Work Leaves No Space for Leisure	98
In Search of Perfection and Maintaining Control in Leisure	99
Leisure as the Door to Escaping, Withdrawing, and Isolating.....	100
A Focus on Caring for Others and Meeting Expectations.....	102
"I was almost like a robot just doing what I thought I was supposed to do" ..	103
Letting Go of Familiar Coping Patterns and Opening to Joy	105
Being in the Moment of Small Steps and Simple Things: Letting Go of Being	
Perfect and Future Worries.....	108
Exploring Leisure and Self Nurturing: Changing Understandings of Self.....	110
Reconnecting with the Body: Experiencing Deeper Reflection and Awareness...	113
"Listen to Your Voice": Shifting to an Internal Motivation.....	116
Choosing: "Catch the Bag or Not"	119

Reconnecting With Others in Leisure.....	120
Balancing Life with Leisure: “It is what brings balance, leisure is what ultimately gives you passion in your life”	122
Growth and Connections	125
Chapter Five: Discussion	127
Chapter Six: Conclusion	146
Practical Implications: Recommendations for Leisure Connections.....	149
Methodological Implications	151
Limitations of the Study	153
Future Research	154
References	157
Appendix A – Program Logic Model- <i>Leisure Connections</i>	167
Appendix B – Methodology.....	168
Recruitment.....	170
Participants	173
Data Collection	174
Interviews	176
Observations	179
Reflection Cards	181
Ethics	182
Data Analysis.....	186
Sensitizing Concepts	189
Memoing and Reflexivity.....	191
A Reflexive Note on Data Collection and Analysis	193
Trustworthiness.....	195
Appendix C – Combined Letter of Introduction and Informed Consent	199
Appendix D – Observation Protocol for the Leisure Connections Group	203
Appendix E – Participant Interview Guide.....	205
Appendix F – Letter of Appreciation.....	208

List of Figures

Figure 1: Model of motivation.	38
Figure 2: Well-being model.	41
Figure 3: Leisure as a buffer of the effects of stress.	43
Figure 4: Leisure and healing from trauma following <i>Leisure Connections</i>	97
Figure 5: Data collection timeline.....	174

Chapter One: Introduction

Examination of stress and trauma has grown in recent decades with advances made in understanding stress, the nature of trauma, and associated therapies to maintain and regain optimal health. A growing body of literature exists describing the impact of prolonged and chronic stress and trauma on health (Aldwin, 1994; CAMH, 2010a; Lazarus, 1966; Mock & Arai, 2011). A separate body of literature describes the role that leisure may play in coping with and managing daily stress (Coleman, 1993; Iwasaki, 2003, 2006; Iso-Ahola & Park, 1996). There is also growing focus on leisure in the context of individuals who have experienced trauma. This includes secondary analysis of the Canadian Community Health survey in which Arai, Mock and Gallant (2011) found “physically active leisure acts as a buffer for the association of childhood traumatic experiences with self-rated physical health” (p. 11). Additional studies include a practitioner reflection by Griffin (2005), and empirical research investigations by Meister and Pedlar (1992) and Arai, Griffin, Miatello and Greig (2008). The latter study presents the results of Phase One of this particular research project.

“Stress” describes an array of feelings including frustration, anxiety, conflict, threat or defense (Aldwin, 1994; Lazarus, 1966; Monat & Lazarus, 1991), as well as emotions such as happiness and in some instances excitement (Aldwin, 1994; Lazarus, 1966). Despite the numerous disciplines (e.g., psychology, physiology, anthropology) investigating this phenomena, Aldwin (1994) and Lazarus (1966) indicate that agreement exists on the following: (1) all humans and animals experience stress, (2) behaviour is affected to a great degree by stress and, (3) stress is often difficult to tolerate as it elicits a response. The stress response has four manifestations in the body. These include a

change in affect (e.g., fear, anxiety, depression, guilt), a change in motor behaviour (e.g., tensing muscles, speech problems), an impairment of cognitive functioning (e.g., thought, impaired judgment and decision making abilities), and a change in physiological functioning (e.g., activation of the autonomic nervous system) (CAMH, 2010a; Lazarus, 1966).

Previous research investigated the impact of prolonged stress and trauma on individuals' coping abilities and daily functioning. Trauma was described by Schiraldi (2000) as "an overwhelmingly stressful event or series of events" (p. 3) which place great strain on individuals' abilities to deal with the immense physical or psychological stress associated with such experiences (Matsakis, 1996). An event, perceived as traumatic, would be distressing to almost all people who experience it (American Psychiatric Association [APA], 1994; CAMH 2010b; Schiraldi, 2000) and leaves the survivor with feelings of "intense fear, terror, and helplessness" (DSM-IV, 1994, p. 247). The American Psychiatric Association (APA) added that, in general, events are beyond the scope of normal human existence. Traumatic events include anything that poses a serious threat to an individual's life or physical being, a threat or harm directed toward a loved one, the actual witnessing of another person being killed or severely harmed, or a natural disaster (Matsakis, 1996; Schiraldi, 2000).

Trauma research has focused on survivors of child abuse or molestation (Bass & Davis, 1994; Schiraldi, 2000); survivors of terrible accidents (Friedberg, Adonis, Von Bergen & Suchday, 2005) or natural disasters (Bodvarsdottir & Elklit, 2004); and individuals who have careers involving exposure to stressful events, such as firefighters (Regehr, Hill, Knott & Sault, 2003) or military personnel who have had experiences in

combat (Harmand, Ashlock & Miller, 1993). Oftentimes, a traumatic experience has lasting effects on the survivor including, impaired social, physical, cognitive and behavioural well-being (CAMH, 2010b). Possible trauma symptoms have a varying impact on a survivor; however, when the trauma lasted for long periods of time or occurred in childhood, severity of symptoms has a tendency to amplify (CAMH, 2010b). Trauma negatively impacts beliefs that the world is a good place and that others can be trusted. Self-worth is damaged, altering an individual's cognitive schema and the outlook on life (Epstein, 1991).

Immediately following a traumatic experience, the survivor is preoccupied with memories of the experience. These memories intrude into daily functioning, but in many cases dissipate with time as an individual integrates the experience in their mind (van der Kolk & McFarlane, 1996). Shortly after the trauma has occurred, intrusions facilitate coping strategies for the survivor yielding an acceptance of the event as unfortunate and part of their past. When traumatic memories are not integrated, unhealthy coping patterns emerge including, traumatic re-enactment as a way of re-experiencing traumatic patterns (Matsakis, 1996; Schiraldi, 2000; van der Kolk, 1989), avoidance of triggers often resulting in social isolation (Matsakis, 1996; Schiraldi, 2000), memory gaps and numbing of feelings (Schiraldi, 2000), as well as hyperarousal to seemingly safe situations (van der Kolk, 1989). "When people develop PTSD, the replaying of the trauma leads to sensitization; with every replay of the trauma, there is an increasing level of distress" (van der Kolk & McFarlane, 1996, p. 8). The biological responses to the traumatic event and later to the memories leaves the survivor feeling like the event is occurring again despite the absence of a traumatic event. When the traumatic memory becomes the

central focus around which a survivor lives, all aspects of well-being are affected as a result of the constant hyperarousal. This results from a chronic activation of the stress response and in many cases, results in a diagnosis of Posttraumatic Stress Disorder (DSM-IV, 1994).

When trauma remains unprocessed, disturbances of physical and psychological well-being may result and must be addressed to progress along one's healing journey. Programs have been implemented to aid in the healing process; however, the presence of a leisure component in cognitive-behavioural or psycho-educational group therapy for trauma survivors is not well documented. Therapeutic interventions for addressing trauma symptoms include, cognitive-behavioural therapy, psychodynamic therapy, sensorimotor psychotherapies (including grounding, eye movement desensitization and hypnosis), art and music therapies and pharmacological treatments of symptoms and responses (CAMH, 2009). The literature highlights the efficacy of existential group psychotherapy (Lubin, Loris, Burt & Johnson, 1998). Leisure as a therapeutic treatment for healing from trauma has begun to be explored in the literature (Griffin, 2002 & 2005; Meister & Pedlar, 1996).

In general, the leisure literature suggests that physical and psychological health improves as individuals partake in enjoyable leisure (Coleman, 1993; Iso-Ahola, 1980; Iwasaki, Zuzanek & Mannell, 2002; Tugade & Fredrickson, 2004). Leisure promotes social connections fostering social support, improved self-esteem (Iwasaki, Zuzanek & Mannell, 2002) and a sense of mastery (Coleman, 1993; Iwasaki, 2003; Iwasaki, Zuzanek & Mannell, 2002; Kleiber, 1999; Stumbo & Peterson, 1998). Blaxter (1990) reported that feeling energized, having good social relationships, being able to participate in

activities that one finds enjoyable, feeling that one's life has purpose and having a feeling of control over one's life all have a direct impact on the health of an individual. Other positive effects of participation in leisure include reaching self-actualization in stressful situations, feelings of empowerment, and feelings of freedom (Coleman, 1993; Iwasaki, 2003; Kleiber, 1999; Stumbo & Peterson, 1998). Leisure also provides individuals with opportunity to develop healthy interpersonal relationships (Labonte, 1994). However, authors such as Meister and Pedlar (1992), Griffin (2002; 2005), Griffin and Arai (2008), and Arai, Griffin, Miatello and Greig (2008) indicate the experience of trauma also impacts an individual's experience of leisure.

As the number of childhood traumatic events increases, so too does the number of chronic conditions reported in adulthood. Socioeconomic status impacts this association whereby the "pattern is weaker at higher levels of SES" (Mock & Arai, 2011, p. 3). Arai, Mock and Gallant (2011) found that experiencing trauma in childhood had no impact on participation in physically active leisure in adulthood. When frequency of engagement in physically active leisure was higher, "the negative association between the number of childhood traumatic events and self rated physical health was less severe compared with lower rates of physically active leisure" (p. 416).

The purpose of this interpretive grounded theory study was to explore understandings of leisure during participation in *Leisure Connections* among adult survivors of trauma. *Leisure Connections* is an experiential group that incorporates leisure education, psychotherapy processing and psycho-education and is embedded in the eight week inpatient Program for Traumatic Stress Recovery (PTSR) at the Homewood Health Centre in Guelph, Ontario. The study involved six adult participants

in *Leisure Connections* (LC). The following three research questions were answered through this study:

- **How does *Leisure Connections* provide a context for healing?**
- **How do participants' understandings of leisure change as adult survivors of trauma experience *Leisure Connections*?**
- **What is the connection between leisure and healing?**

At the core of this study is a search for how *Leisure Connections* supports participants' deepened understandings of leisure as a context for healing. Consequently, existentialism provides an important frame for this study. At its foundation, existentialism deals with meaning derived from experience that an individual encounters (Frankl, 1967; Yalom, 1980) and in this study the focus was on the meaning making in the process of healing from trauma. Consequently, experiencing something as traumatic was not understood to mean the survivor was doomed to a life of misery and depression, but rather individuals could find hope, meaning, and feelings of happiness and enjoyment in the aftermath of trauma. In contrast, in some of the stress and trauma literature individuals who have experienced trauma were viewed as "victims" with many "problems." Literature that refers to traumatic experiences as "atrocities" and individuals who have experienced trauma as "victims" is limiting as it suggests growth is impossible. Matsakis (1996) notes survivors of trauma should define themselves as survivors, and move away from victimizing themselves in their thoughts and language (Bass and Davis, 1994; Bloom, 2000; CAMH, 2010a; 2010b; Schiraldi, 2000). As the stress and trauma literature is presented and synthesized, it is framed in a manner that promotes hope and growth to be congruent with the core values present in existential theory and the values

one places on the experience of healing from trauma. Inherent within the leisure literature that has been investigated is the notion that feelings of enjoyment, hope and growth can prevail and facilitate the restoration and maintenance of an individual's well-being (Austin & Crawford, 1996; Coleman & Iso-Ahola, 1993; Coleman, 1993). There is a belief that from traumatic experiences, there is an opportunity to find meaning and personal growth without needing to shut out all memories of the trauma that occurred (Frankl, 1984; Harman et al., 1993; Lantz & Lantz, 1992; Yalom, 1980) and that therapeutic recreation can facilitate this meaning-making process (Lee & McCormick, 2002).

Leisure research has relied on quantitative methods, collecting data from large numbers of respondents or secondary analyses of national data sets to explain the relationship of leisure in buffering the effects of stress on health (Arai et al., 2011; Iwasaki, 2006; Iwasaki, Zuzanek & Mannell, 2002) and the role of leisure in coping with stress (Hutchinson, Loy, Kleiber & Dattilo, 2003; Iso-Ahola & Park, 1996; Iwasaki, 2003; Iwasaki & Mannell, 2000). A recreation therapist's reflective process has presented some of the challenges of leisure education among adult survivors of trauma in a clinical treatment program (Griffin, 2005; 2002). Qualitative methods were employed in research investigating leisure patterns among adult survivors of childhood sexual abuse (Meister & Pedlar, 1992) and the use of leisure in the process of healing from trauma (Arai, Griffin, Miatello & Greig, 2008; Griffin & Arai, 2008).

The creative process of qualitative research emphasizes the perspectives of participants in data collection and analysis processes (Charmaz, 2006; Richardson, 2000). Data collection included observations made by the researcher at *Leisure Connections*,

audio-recorded interviews and participant's reflection cards. Throughout the findings chapters verbatim quotes are used to describe the emergent themes. Following each verbatim quote, the source is noted (e.g., interview, observation or reflection card data).

Although deeply grounded in the data, there is a need to acknowledge the researcher as a co-constructor of knowledge throughout the qualitative analysis process (Charmaz, 2006). As such, throughout the remainder of this document, any reference to the researcher will be made in first person. In the interview process, I engaged participants in dialogue by asking questions and using knowledge I gained about participants experiences in *Leisure Connections*. During data analysis I reviewed the interview and observation data as I completed initial and focused coding. I acknowledged ideas that I had regarding leisure, healing from trauma and *Leisure Connections*, and attempted to allow themes to emerge from the data. In presenting the findings, I used quotes from interview and observation data whenever possible to title and describe themes.

I used grounded theory along with constant comparative methods (Charmaz, 2006; Creswell, 1998; Green & Thorogood, 2004; Glaser & Strauss, 1967; Patton, 2002). Use of constant comparison of data throughout the process of transcribing, initial, focused and axial coding offered a way of ensuring emergent themes were rooted in data (Charmaz, 2006). By comparing data with categories and categories with categories, a description of the role of leisure in participants' healing from trauma journey emerged. A complete description of the methodology and methods used in this research including data collection and analysis processes and ethical considerations appear in Appendix B.

Site of the Study: Leisure Connections

At inception, the purpose of *Leisure Connections*, “was to explore how trauma survivors responded to their free time and to help patients connect to leisure as a healthy coping resource” (Griffin, 2002, p. 213). Griffin (2002) explained that overall, trauma survivors have a high motivation to avoid triggers that will elicit memories of their traumatic experiences. As such, survivors often participate in leisure that helps them to avoid triggers by isolating themselves from others or repeating the patterns as re-enactments in leisure, thereby not benefiting from the health promoting properties of leisure (Griffin, 2002). As indicated by Griffin (2005), it is common for an individual healing from trauma not to recognize re-enactments of trauma in their leisure time. Janet Griffin, a Recreation Therapist in the Program for Traumatic Stress Recovery (PTSR) at the Homewood Health Centre “proposed a closed leisure-based psycho-education group that would meet twice weekly for a total of four sessions” (Griffin, 2005, p. 213) to create an autonomous recreation therapy group within the Program for Traumatic Stress Recovery.

The group was “discussion-based” (p. 213) utilizing “paper and pencil exercises to help illustrate concepts and promote discussions” (p. 213). The four sessions had prescribed modules “addressing leisure attitudes, leisure values/benefits, leisure motivations and leisure barriers/resources” (p. 213). The *Leisure Connections* experience that Janet facilitated during this research project has abandoned the rigid modules with specific topics, but rather is a fluid process by which Janet responds to emerging themes to support participants to explore leisure related issues as they arise. She incorporated experiential exercises for participants to practice safety, challenge coping strategies, and

engage in play and fun. These exercises when paired with discussions allow participants to share their experiences and provide powerful learning opportunities (Griffin, 2005).

As a reflective practitioner, Janet approached Dr. Susan Arai to assist her in developing a research plan to understand the *Leisure Connections* group. She has witnessed many participants' powerful experiences in her group and wanted to gain a better understanding of what changed for participants as their understanding and experiences in leisure changed. Janet facilitated my access to the Program for Traumatic Stress Recovery and the Homewood Health Centre by offering clinical expertise and logistical assistance. She provided me with essential insights ensuring my smooth transition into the clinical research setting and provided therapeutic support, ensuring my emotional safety while in the field. She facilitated the ethics approval process at the Homewood Health Centre necessary to conduct this research. Ethics approval for this study was obtained from both the Brock Ethics Review Board (file # 05-349) and the ethics officer at the Homewood Health Centre.

This study, which investigated participants' understanding of leisure, formed part of a multifaceted research project that emerged from a larger program evaluation of *Leisure Connections*. The research team was comprised of Dr. Susan Arai (Principal Investigator) and Janet Griffin (Recreation Therapist). Additional team members included Carrie Greig (M.A. Faculty of Applied Health Sciences), myself (M.A. candidate, Faculty of Applied Health Sciences), and Dr. Lynn McCleary (Assistant Professor, Department of Nursing). Together, our team investigated the reflexive research process, the reflective practitioner and therapeutic alliance, and the clients' experiences in the context of *Leisure Connections*.

Objectives of *Leisure Connections* include: “(1) to increase group member’s awareness of how current leisure choices may not facilitate healthy coping, and how choices made in ‘free time’ may consciously or unconsciously re-enact aspects of their traumatic experience; (2) to create awareness and opportunities for group members to re-experience leisure in a way that increases health and positive well-being; and (3) to increase awareness of self in relation to leisure” (Griffin & Arai, 2008, p. 36). *Leisure Connections* adds the dimension of leisure and delves into an understanding of what leisure is and how healthy leisure can aid in the healing journey, specifically how meaningful leisure can be incorporated into free time, which can result in personal growth (Homewood Health Centre, 2004). Based on pilot data we uncovered multiple layers of participants’ experiences. A complete listing of these can be found in the program logic model (see Appendix B; Arai, 2006).

There are three components of *Leisure Connections*. The first was the leisure education component where participants were asked to reflect on their leisure dreams, their definition of leisure, and benefits of healthy leisure. The second component included experiential exercises. These exercises included tug of war, pat-a-cake, and a bean bag toss. These exercises allowed participants to process information both verbally and non-verbally. Reflections were the third component, which included check-ins at the beginning of each session, debriefing following the experiential exercises, reflection cards distributed at the end of each session, and group discussions. All components were facilitated by Janet Griffin, the Recreation Therapist (Griffin & Arai, 2008).

Participants for this study were drawn from one block (four one-hour, sessions) of *Leisure Connections*. The group was closed, which means that over the four sessions of

Leisure Connections no new participants join. The sessions were held on Mondays and Wednesdays in the early afternoon in a large group room in the basement of the Colonial building at the Homewood Health Centre. As for all offerings of *Leisure Connections*, individuals were referred to the group by their nurses or by self-selection. *Leisure Connections* is an elective group within the Program for Traumatic Stress Recovery and as such, not all clients participate in *Leisure Connections*.

Leisure Connections is situated within the eight-week in-patient Program for Traumatic Stress Recovery which provides a larger healing context which supports work individuals do in *Leisure Connections*. This program is described in the following section.

The Program for Traumatic Stress Recovery

The Program for Traumatic Stress Recovery began in 1993 at the Homewood Health Centre in Guelph, Ontario to treat “adult survivors of childhood abuse” (p. 105) and through the years the mandate expanded to encompass all types of trauma (Wright & Woo, 2000). The Program for Traumatic Stress Recovery is a privately funded program (covered by a third-party insurance plan or the participants themselves) with 28 beds (Wright & Woo, 2000). Participants are aged 18 to 70 years and 70% are women. “The majority have co-morbid diagnoses of major depression” (Wright & Woo, 2000, p. 108) and are referred to the Program for Traumatic Stress Recovery by a family physician or other health care professional (Homewood, 2012). Participants reside throughout Canada. The average stay in the Program for Traumatic Stress Recovery is 56 days (Homewood, 2012).

The Program for Traumatic Stress Recovery “helps people recover from the after-effects of trauma” (Homewood, 2012) and emphasizes, a holistic approach to healing from trauma. An interdisciplinary team of professionals assists clients throughout three program phases that help to facilitate the healing process. Upon entry into the program there is a week-long assessment phase in which participants are able to familiarize themselves with the Program for Traumatic Stress Recovery. The Program for Traumatic Stress Recovery provides the therapeutic team of psychiatrists, psychologists, nurses, occupational therapists, therapists who specialize in recreation, horticulture, dance and creative arts the opportunity to assess the participants’ readiness to be involved in treatment groups. This time also allows participants to set achievable (within the 8-week timeframe) healing goals and action items that underpin the individual treatment plans. During this initial week, overnight leaves are not granted, however; during the subsequent 7 weeks participants are encouraged to return home and these leaves are considered to be therapeutic, creating the opportunity to practice new skills beyond the Homewood environment.

In the treatment phase there is an emphasis on setting personal healing goals with the assistance of an assigned nurse. Participants meet with their assigned nurse at least once per week to discuss their progress and plan the next steps in their healing journey. The treatment phase includes a process group where in a controlled group setting, participants share their traumatic experiences and talk about the impacts on their lives. Other groups available to participants include horticulture therapy, *Leisure Connections*, and support groups such as loss and addiction groups. Upon completion of these two phases, there is a week of discharge programming in which participants set goals and

assess their strategies to maintain their safety when confronted with stressful situations after they have returned home (Wright et al., 2003).

Healing concepts such as creating physical and emotional safety, safety in relationships, recognizing “unhelpful coping patterns including addiction, that allow past trauma to be replayed” (Homewood, 2012), self-nurturing, and processing of trauma have a large role in the programming. The Program for Traumatic Stress Recovery creates a therapeutic community as its foundation, “In addition to formal therapies, the program creates a sense of community, where trauma survivors help trauma survivor through the healing process.” (Homewood, 2012)

The Program for Traumatic Stress Recovery emphasizes a community milieu, whereby few sessions are one-on-one, but rather many opportunities are created to work on goals in a social context. Community activities are built into the treatment schedule (Wright & Woo, 2000). Anecdotally this has been described by many participants as being “the most important part of their treatment experience” (Wright & Woo, 2000, p. 7).

The main goals of Program for Traumatic Stress Recovery include “promoting empowerment in the survivor and fostering the development of new community ties and connections” (Wright et al., p. 395). This occurs “within the context of interpersonal relationships” (Wright et al., p. 395) where survivors establish “safety, remembrance and mourning, and reconnection with ordinary life” (Wright et al., p. 395). The Program for Traumatic Stress Recovery is founded on a combination of the “Sanctuary model, the trauma model and therapeutic community concepts” (Wright & Woo, 2000, p. 3; Wright et al., 2003). The therapeutic community is the creation of a context which supports the

healing process. It emphasizes “self responsibility, joint decision making, and open communication as well as a belief that all community members, staff, and patients alike, are active agents in healing” (Wright et al., p. 396). The Sanctuary model emerged from trauma theory and is described in the subsequent section.

The Sanctuary model

The Sanctuary model was developed in the mid-1980s based on a psychiatric care program for adults with childhood trauma experiences. The name originates from the term “sanctuary trauma” which refers to the re-traumatization of patients seeking care in psychiatric institutions and the model provides an alternative approach to care (Bloom, 1994).

SAGE is the conceptual framework of the Sanctuary model (Bloom, 1994). This is a cognitive-behavioural model of trauma coping and thus focuses on the cognitive aspects of health (Bills, 2003). Safety, affect management, grieving and emancipation – SAGE – are the components of the Sanctuary model (Bills, 2003; Bloom, 2000). Patients and practitioners use this model as a map to guide them through a healing process. Individuals may not require each stage of the model; however, safety must be established before affect management can be addressed and similarly, these both must be considered before individuals can grieve or emancipation can occur (Bills, 2003). The Sanctuary model addresses core issues trauma survivors grapple with, and from which symptoms arise (e.g. safety).

Safety, as described previously encompasses physical, psychological, social and moral aspects of health. This can be achieved by ensuring basic needs for survival are met including the maintenance of a nonviolent therapeutic milieu. Psychological safety

is fostered by relationships within the therapeutic milieu. Setting boundaries is the basic foundation on which relationships must be built. Social safety is the result of a therapeutic milieu in which individuals feel safe within the social settings of the community (Bloom, 1994). Moral safety is evident when all of the specifications of the model are put into practice. Included in this are staff relationships where power is shared and individuals healing from trauma can witness such “healthy” interactions (Bloom, 1994).

Affect management is the stage at which many counselors find trauma survivors require assistance in learning to manage emotions (Bills, 2003; Herman, 1992). Bloom (1994) describes the example of anger work. She indicates that often individuals who have experienced trauma have a difficult time differentiating between anger as a way to protect ones’ boundaries, and situations in which an individuals’ anger is impeding feelings of safety of another person. In other instances, hostility is the manifestation of feelings of helplessness. The goal in this phase is to learn and put into practice corresponding affective responses to particular experiences or feelings (Bloom, 1994).

The grief process “can be clinically recognized as a failure to move on, reenactment behaviour, chronic depressive symptoms, sudden regression, and unresolved bereavement” (Bills, 2003, p.192). This may provide a starting point to discover why many individuals who experience PTSD engage in various self-destructive behaviours such as eating disorders, gambling, sex addiction or prostitution, compulsive shopping or exercise, self-mutilation, or substance abuse. In the case of a survivor of sexual abuse, an individual may become addicted to the act of sex to improve self-esteem or gain the sense that they are loveable (Schiraldi, 2000).

The final facet of the SAGE model, emancipation, focuses on working toward the goal of increasing individuals' self esteem and self determination (Bills, 2003). Bloom (2004) indicates this occurs as a result of "multiple mastery experiences" (p. 485) where an individual experiences feelings of gratification associated with feelings of control in situations that previously felt hopeless. Common to people who have experienced violence are "wounding experiences with the abusive use of power" (Panzer & Bloom, 2003, p. 116). Most often traumatic experiences are uncontrollable and as a result, a pattern of feeling out of control ensues. The healing process is an individual's effort to regain power and control. To address issues of power, the healing process must occur in a social context to enable trauma survivors the opportunity to gain a sense of power and control over their individual healing experience (Bloom, 2000). Fisher (1984) reported that when an individual believes they have control over their situation, the result is an improved sense of mastery and hope.

This model purports three phases through which healing occurs (Herman, 1992). These phases include safety, reconstruction, and reconnection. The first of the three stages of recovery is the establishment of safety (Herman, 1992). Without feeling safe or feeling a sense of control over personal safety, the road to recovery is impossible to embark on (Herman, 1992; Schiraldi, 2000). As indicated by van der Kolk (1989), "trauma can be repeated on behavioural, emotional, physiologic, and neuroendocrinologic levels" (p. 404). Safety must be attained on both a physical and emotional level (Herman, 1992; Schiraldi, 2000). Moreover, it is important to address basic needs such as food, shelter, employment, and medical care when establishing safety, which comprise part of physical safety. The focus must be on internal control

where the survivor consciously chooses to eat, sleep, and exercise in a healthy manner as well as, abstain from inflicting self destructive behaviours upon themselves (Herman, 1992). Once successfully achieved, control over the environment may begin to occur. The re-enactment of trauma as well as intrusive symptoms that accompany post-trauma responses interferes with feelings of safety essential for recovery (van der Kolk, 1989). To move forward, survivors must remove themselves from current and recurring situations creating trauma (Herman, 1992).

When biological, psychological or social components of safety are compromised healing cannot occur (Bloom, 1994). The Sanctuary model addresses these issues in the context of a group. For safety of all kinds to be accomplished, basic safety such as a controlled setting is essential (where violence and self destructive behaviours are managed and ultimately eliminated). In the case of domestic violence, safety cannot be established on the premise that the abuser promises to stop (Herman, 1992). She adds that the dynamic of coercion and dominance must be controlled before any therapeutic treatments are employed. Herman (1992) also indicates that capability for self protection by the victim is essential, otherwise abuse will continue. Another barrier to attaining safety lies in power relationships that may exist between an individual and perpetrator. If a perpetrator remains in the survivor's life and maintains a degree of control over it, it will be very difficult to achieve the safety necessary for healing (Herman, 1992).

Positive relationships including mutual respect without threat need to be fostered between trauma survivors and therapeutic professionals and supportive others to create a sense of social safety in groups. Emotionally, survivors feel their thoughts and feelings are beyond their control (Herman, 1992). To create change, social isolation must be

broken and a healthy social support system created (Herman, 1992; Schiraldi, 2000). In doing so, caring people and relationships must be strategically placed and mobilized throughout all facets of life as a means of support (Herman, 1992). Moral safety offers a safe space for participants to discuss spiritual, ethical and existential dilemmas (Bloom, 1994). This is created as individuals begin to regain power over their thoughts, feelings and choices and are able to openly discuss their struggles, experiences and existential dilemmas regarding meaning, purpose and hope. The role of helping professionals is to lead by example regarding issues of empowerment whereby patients are treated as equals while still ensuring a safe atmosphere (Bloom, 1994).

In the phase of reconstruction, the goal is to work toward a recollection of lost memories of the trauma (Bloom, 1994). Individuals are led through a process of recognizing and modifying their experience of traumatic re-enactments. This process is often a stressful phase of the healing process as the deliberate dredging up of memories of trauma elicits a stress response. The experience of anger is also investigated. Many trauma survivors do not make a distinction between anger as a way to protect oneself or impose boundaries, and anger as being harmful in that it may infringe upon the boundaries of others. Learning to deal with anger in a manner that does not pose a risk of harm to oneself or others is characteristic of this phase (Bloom, 1994). An in-patient setting provides many supportive staff and fellow trauma survivors and the group context provides an opportunity to practice skills such as tolerating and modulating emotions in the presence of supportive persons (Bloom, 1994).

The reconnection phase is characterized by modifications to an individual's perception of identity. Identity changes as people perceive themselves to have more

autonomy over their life and trauma becomes less important in one's perception of them self (Bloom, 1994). This is achieved in the therapeutic group context by allowing a safe space for individuals to take risks and feel successes. This leads to feelings of hope (Bloom, 1994).

Treatment groups in the Program for Traumatic Stress Recovery

The treatment programming of Program for Traumatic Stress Recovery includes “leisure education, loss/grief, addictions, community meetings, psychotherapy, creative arts therapy, weekend preparation and recap, crafts, horticulture therapy, spirituality and recreation participation” (Griffin, 2005, p. 210). Specifically, the leisure opportunities include scheduled community walks, whereby participants can walk the 47 acre wooded grounds along the Speed River, community parties that celebrate graduations or other events. Leisure groups include Craft Zone where participants can engage in creative endeavours such as ceramics, leather work or painting, Play Shop where participants can play table tennis, darts or use treadmills, and horticulture therapy where participants utilize the greenhouse and care for the plants.

Chapter Two: Literature Review

In this chapter, three main areas of literature are explored as conceptual background to understanding the role of leisure in healing from trauma. First, the stress and trauma literature is reviewed to gain perspective on the psychological and physical changes that occur in the body as a result of these experiences. Second, the leisure literature specific to the positive health benefits is reviewed including, the Sanctuary model and posttraumatic growth. Third, an understanding of existentialism, the framework for this study is provided and explained within the context of the process of healing from trauma. The theoretical framework is described as “the analyst’s reading glasses” (p. 484) as it provides a focus for how the data is understood (Malterud, 2001). Existential psychotherapy is the theory through which this research project is viewed. Existential theory, paired with literature from psychology supports understanding of the process of healing from trauma. It provides an excellent framework for understanding the process of healing from trauma and moreover, how an individuals’ understanding of leisure changes through the healing process. Specifically, the struggle with meaning and feelings of powerlessness survivors of trauma experience in their lives and in their healing process, are closely connected to the underlying premise of existential psychotherapy.

Typical Stress Responses

Stress has been examined by various disciplines including psychology, psychiatry, medicine, physiology, as well as social sciences such as, sociology and anthropology due to the array of reactions it incites in the body (Aldwin, 1994; CAMH, 2010a; Lazarus, 1966). As a result, there are a myriad of definitions of stress; however, this study

employs the definition of stress as indicated by the Centre for Addiction and Mental Health (2010a). Stress is:

a response to environmental pressures or demands (“stressors”), in particular when we feel they are a threat to our coping strategies or well being. Stress is a normal response to situations where we perceive a threat or danger. When this happens, our build-in alarm system – the ‘fight-or-flight’ response – becomes activated to protect us (CAMH, 2010a, What is stress?, ¶ 1)

Lazarus’ (1966) stress theory continues to be cited in current literature. Situations are perceived as stressful if an individual believes they do not have the capabilities to cope with the situation (Lazarus & Folkman, 1984; Lazarus, 1966). “Stress” is used to describe a wide range of feelings and experiences including, frustration, anxiety, conflict, threat or defense (Aldwin, 1994; Lazarus, 1966; Monet & Lazarus, 1991). “Stress” is also used to describe emotions such as elation in response to excitement (for example, when skydiving, the stress that is felt is exciting and provides a rush, yet remains a stressful experience), but more often it describes emotional responses of fear and anger (Aldwin, 1994; Lazarus, 1966). Stimuli that are perceived as noxious, unpleasant, or frightening have the ability to cause a stress response in an individual. Sources of stress include expectations, demands and pressure placed on an individual, threats to one’s well-being (i.e., financial issues, relationship issues, illness, bereavement), or feeling resources one possesses are insufficient to cope with the situation (Aldwin, 1994; CAMH, 2010a; Lazarus, 1966). As a result of such stimuli, four stress reactions may result: changes in affect, behavioural changes, changes in physiological functioning (activation of the autonomic nervous system, increasing respiration, perspiration, heart rate and activation

of the adrenal glands), and impaired cognitive functioning (CAMH, 2010a; Lazarus, 1966).

The first stress reaction – changes in affect – includes feelings of fear or helplessness, anxiety, anger, depression, guilt, panic and inability to relax (CAMH, 2010a). As with other changes that occur as a result of stressful stimuli, the severity of the event determines the magnitude of the change in affect. For instance, if the threat is weak, the affective response will likewise be weak. Similarly, when the threat is removed, the negative affective response is reduced (Lazarus, 1966). Emotional reactions also extend to emotional numbing whereby emphasis is placed on survival while avoiding all other thoughts as well as social disconnect (Aldwin, 1994; International Society for Traumatic Stress Studies [ISTSS], 2012; Monat & Lazarus, 1991). Some individuals have difficulty managing emotions (ISTSS, 2012). Aldwin (1994) notes that negative affect will ensue in situations of traumatic stress, for instance in the context of surviving in a concentration camp or experiencing rape or incest.

Behaviourial changes as a result of stress include changes in sleeping and eating patterns, withdrawing from social settings and neglect for responsibilities (work or home), including decreased productivity (CAMH, 2010a). Lazarus (1966) describes motor indicators of stress including, tensing of muscles throughout the body, speech problems, changes in facial expressions (consciously or unconsciously), and fight or flight response (attack, approach, or avoid). Individuals sometimes exhibit nervous tendencies (i.e., nail biting or foot tapping) or increase reliance on substances (i.e., nicotine, caffeine, alcohol) (CAMH, 2010a). These reactions occur when the stressor is not removed or an individual does not have sufficient abilities to cope. The initial stress

response of mobilizing energy progresses to the next stage where the energy stores (i.e., sugars and fats) in the body are depleted (Canadian Mental Health Association [CMHA], 2012; Selye, 1991).

The third stress reaction includes changes in physiologic functioning (Lazarus, 1966; Monat & Lazarus, 1991). Symptoms include headaches, pain or discomfort, nausea, diarrhea or vomiting, elevated heart rate and blood pressure (CAMH, 2010a). In some cases, physiologic body systems are disrupted. This occurs in the tissue systems which results in systemic alterations including for example, the activation of the central nervous system, and a host of related changes throughout the body (Monat & Lazarus, 1991). These changes include exhaustion, insomnia, and illness (i.e., heart disease, ulcers) (CMHA, 2012).

The fourth stress reaction results in changes in the cognitive functioning of an individual. This can effect thought, judgment, decision making abilities, and sometimes lead to misunderstandings or misinterpretations of reality (Lazarus, 1966). Often, individuals worry excessively, lack self-confidence, and have difficulty concentrating (CAMH, 2010a).

This interplay of internal factors (e.g., personality factors or emotions) and external factors (e.g., events) implies individuals are not entirely passive in the stress reaction; in other words, external stimuli do not simply elicit a specific stress reaction. Conversely, it is impossible to say that personality factors alone are responsible for initiation of the stress response (Aldwin, 1994; Lazarus, 1966; Monat & Lazarus, 1991). Aldwin (1994) reports two factors – vulnerability and goodness of fit – that predispose individuals to the stress reaction or facilitate coping with stressful stimuli. Vulnerability makes an

individual more apt to perceive a situation as stressful (Rabkin, 1993). Vulnerability is affected by numerous factors including personal characteristics and personality traits, prior exposure to traumatic stress (e.g., in childhood), a biological predisposition to bipolar disorder (manic depression), or the person's position or stance in society (e.g., a person who has no home). Goodness of fit takes into consideration an individual's capacities and as a result, how they assess a situation or stressor. A situation can only be perceived as stressful if the environmental demands exceed capacities and resources of the individual. The same situation, for some will elicit a stress response and for others will not lead to an experience of discomfort (Aldwin, 1994).

Traumatic Events

Traumatic events are psychologically distressing and would be considered distressing to anyone who experiences them (Aldwin, 1994; Schiraldi, 2001). One of the precursors of Posttraumatic Stress Disorder (PTSD) is the exposure to "an overwhelmingly stressful event or series of events" (Schiraldi, 2000, p. 3), also described as an atrocity by Herman (1992). This event is referred to as a trauma and places great strain on an individual's ability to cope with the immense physical or psychological stress they face (APA, 1994; Matsakis, 1996).

These events are generally beyond the scope of normal human experience and include: war, rape, abuse, prolonged neglect in childhood, anything that poses a serious threat to an individual's life or physical being, a threat of harm directed toward a loved one, the actual witnessing of another person being killed or severely harmed, or a natural disaster (CAMH, 2010b; DSM-IV, 1994; Matsakis, 1996; Schiraldi, 2000). When a traumatic event occurs, the survivor is left with feelings of "intense fear, terror, and

helplessness” (DSM-IV, 1994, p. 427). As Aldwin (1994) describes, incest can be highly traumatic without being life threatening. When incest occurs, betrayal can evoke feelings of fear, threats may damage the bond between adult and child (Aldwin, 1994). There is an element of subjectivity inasmuch, varying degrees of perceived threat and helplessness by the survivor define it as traumatic to that individual (van der Kolk & McFarlane, 1996).

Trauma is often unexpected and requires all of an individual’s resources to remain safe and alive (Aldwin, 1994). The experience of a traumatic event often has lasting effects on the survivor affecting social, physical, cognitive and behavioural well-being (CAMH, 2010b). A survivor may experience difficulty maintaining healthy social relationships resulting from an inability to trust or be close with other people, fear of other people, inability to recognize inherent danger in situations or repeatedly searching for a hero to rescue them. Other experiences could include unhealthy sexual relationships, isolating and withdrawing from social settings or lacking the ability to give and take in relationships (CAMH, 2010b). Physical experiences often include problems sleeping due to nightmares, flashbacks and body memories that feel like the traumatic experience is being relived, and physical ailments without a medical diagnosis or physical exhaustion (CAMH, 2010b). Cognitive impacts can include memory problems or difficulty paying attention and concentrating, and confusion and thoughts that impede daily functioning (CAMH, 2010b). Lastly, behavioural effects of trauma can include self harm, addictive behaviours, and recreating trauma patterns either as the “victim” or as the “abuser” (CAMH, 2010b).

Bass and Davis (1994) describe one woman’s re-enactment and re-victimization experiences after sexual abuse by her father. She began to spend very little time at home

and began engaging in harmful behaviours such as drug use and abuse. As she aged, in her early twenties, she began to eat compulsively and then force herself to throw up. She also developed anxiety attacks where, “My muscles would pump up, my arms would tighten, my whole body would start to sweat and shake. I’d feel like I was about to blank out” (Bass & Davis, 1994, p. 419).

The aforementioned symptoms vary in severity however, the experience of trauma over a long time period or early in life, often result in more symptoms as well as more severe experiences of such symptoms (CAMH, 2010b). At the core, trauma erodes the notion that the world is overall a good place and destroys a survivor’s belief that protection and justice are possible and that other people can be trusted. Feelings of self-worth are damaged, significantly impacting one’s cognitive schema and the way life is viewed (Epstein, 1991).

Reactions to Trauma

In comparison to patterns within typical stress responses, individual responses to trauma may include: avoidance of triggers that elicit uncomfortable memories of the trauma, removal from social settings, and movement toward social isolation (Herman, 1992; Matsakis, 1996; Santrock & Mitterer, 2001; Schiraldi, 2000). The two most common symptoms among individuals who have survived trauma are anxiety and dissociation (Aldwin, 1994; Herman, 1992; Schiraldi, 2000). Both responses are employed as an “ordinary response to atrocities” as described by Herman (1992).

Anxiety

Anxiety has been described as the presence of worrisome thoughts or a state of apprehension that something unpleasant will soon occur (Schiraldi, 2000). Symptoms

associated with anxiety include: terror or fearfulness, difficulty breathing or shortness of breath, palpitations or elevated heart rate, excessive trembling, sweating or dizziness, excessive worry, and fear of losing control or going crazy. Chronic feelings of anxiety associated with the experience of trauma or memories of trauma elicit a stress response in the body (Schiraldi, 2000; Selye, 1991) which can be terrifying for the individual (Bass & Davis, 1994; Schiraldi, 2000).

Hypervigilance

Individuals who have experienced trauma tend to become hypervigilant or hyperaroused in unfamiliar settings (DSM-IV, 1994; van der Kolk, 1989). “The world increasingly becomes an unsafe place: innocuous sounds provoke an alerting startle response; trivial cues are perceived as indicators of danger” (van der Kolk & McFarlane, 1996, p. 13). Hypervigilance is a physiologic response to the experience of trauma characterized by a constant state of arousal (DSM-IV, 1994; Schiraldi, 2000; van der Kolk, 1989). Hyperarousal negates the body’s ability to make rational assessments of a person’s surroundings and prevents integration of trauma recollections into memory (van der Kolk, 1989). As the nervous system becomes sensitized to a state of elevated arousal, some of the following indicators may become evident: trouble sleeping; feelings of irritability, anger, or embarrassment; trouble concentrating and remembering; a state of hypervigilance; and the ability to become frightened easily (Schiraldi, 2000; van der Kolk & McFarlane, 1996).

Schiraldi (2000) describes the process as “a vicious cycle”, whereby “worry maintains physical and emotional arousal and arousal maintains worry” (p. 13). This response can either be activated by the original experience of a traumatic event, in the

moments of traumatic re-enactment or by the presence of a seemingly unconnected stimuli or trigger (van der Kolk & McFarlane, 1996). As a result, there may be situations where individuals feel as though they are still experiencing trauma when, in fact, the danger no longer exists (Matsakis, 1996; van der Kolk, 1989).

Dissociation

Dissociation, memory gaps, and a general numbing of feelings often occur in individuals who have survived trauma (Aldwin, 1994; Herman, 1992; Schiraldi, 2000; van der Kolk & McFarlane, 1996). Dissociation is the psychophysiological process whereby memories or thoughts are prevented from being integrated into consciousness, thus affecting individuals' memory, identity and awareness of their environmental surroundings (DSM-IV, 1994; Herman, 1992; Mulder, Beautrais, Joyce & Ferguson, 1998; Putnam, 1993; Schiraldi, 2000). Mulder, Beautrais, Joyce and Ferguson (1998) studied individuals who had experienced physical or sexual abuse as children. They found participants had significantly higher dissociation scores compared to participants who had not experienced these types of abuse. Dissociative tendencies are not considered detrimental or pathological in all circumstances, but rather provide temporary escape from a traumatic or stressful event (DSM-IV, 1994). In instances where trauma was experienced in childhood, it is believed that dissociation was useful in blocking out or adapting to the negative experiences (Mulder, Beautrais, Joyce & Ferguson, 1998), and can actually have analgesic effects during times of abuse or maltreatment (Putnam, 1993).

Dissociation becomes problematic when it is consistently relied upon as a means of coping, and as a result, thoughts and memories become fragmented (DSM-IV, 1994;

Mulder, Beautrais, Joyce & Ferguson; 1998, Putnam, 1993). In some circumstances, avoidance and dissociation become so severe that a person has no recollection of the actual traumatic event (Schiraldi, 2000). Bass and Davis (1994) report that, survivors “may remember the context in which the abuse took place but not the specific physical events” (p.78) or vice versa. Some individuals have a clear recollection of the traumatic events, but no recollection of their emotional responses such as fear, terror or pain that accompanied the event. When numbing painful memories, it is inevitable that joyful memories will also be numbed, which often results in memory gaps of entire time periods in survivors’ lives when the trauma occurred (Schiraldi, 2000). The process of weaving trauma memories into cognition is imperative for healing and adaptation (Aldwin, 1994; van der Kolk & McFarlane, 1996).

Avoidance

Avoidance is another common experience associated with trauma which can control an individual’s behaviour (Herman, 1992; Matsakis, 1996). Avoidance is achieved by attempting to escape from things that trigger an emotional response. This response is not specific to the trauma survivor, but rather used by many people who attempt to deny what has happened (Bass & Davis, 1994; Schiraldi, 2000). However, by denying the occurrence of a stressful event or traumatic situation, and attempting to postpone dealing with uncomfortable emotions, feelings may impede daily life functioning by initiating a stress response via intrusive thoughts which stem from the appearance of an unsuspecting trigger (Herman, 1992; Santrock & Mitterer, 2001). Avoidance may lead to detachment from family and friends since a common fear of trauma survivors is what might happen if they interact with others (Herman, 1992).

Research indicates that trauma significantly impacts interpersonal relationships, affecting normal family functioning and placing much strain on marital or intimate relationships (MacDonald, Chamberlain, Long & Flett, 1999; Schiraldi, 2000). People who have experienced trauma may experience a decreased ability to disclose and express feelings, or an increase in the occurrence of family violence and aggression (Matsakis, 1996; Turell & Armsworth, 2000). Alternatively, people who have experienced trauma may occupy their time with multiple activities in an effort to avoid their thoughts. On the surface, activities may appear to be adaptive, but upon further investigation may actually be quite harmful. If this continues for any period of time, it may negatively affect overall health of an individual (Griffin, 2006; van der Kolk, 1989).

People who avoid thoughts of traumatic events go to extreme lengths to suppress their feelings (Schiraldi, 2000), and “this avoidance of specific triggers is aggravated by a generalized numbing of responsiveness to a whole range of emotional aspects of life.” (van der Kolk & McFarlane, 1996, p.12). Disinterest in normal daily activities or a numbness of feelings leads to an inability to imagine what may arise in the future (Frankl, 1984; Schiraldi, 2000).

Re-experiencing and re-victimizing

The most significant symptom of trauma is the re-experiencing of the trauma (DSM-IV, 1994). Intrusive memories of the trauma in many cases occur in the time immediately following the traumatic experience and lessen as time passes and coping occurs (van der Kolk & McFarlane, 1996). Triggers, are cues that act as a reminder of the traumatic event that occurred. Triggers are very central to re-enactment as they oftentimes elicit a stress reaction in survivors because they feel as though they are in

danger when in most instances they are not. One can be consciously aware of these or not, yet the effects are still real (Matsakis, 1996; Schiraldi, 2000; Taylor, 2003; Turell & Armsworth, 2000; van der Kolk, 1989). When a re-enactment occurs, the survivor's mind is entirely disconnected from the present and as a result the individual feels as if they are actually enduring the trauma again (Matsakis, 1996).

Re-experiencing can also take the form of events in the present, rather than memories. Individuals may partake in activities that elicit harm to themselves, placing themselves in situations where they become revictimized (Schiraldi, 2000; van der Kolk & McFarlane, 1996) or inflicting harm on others (van der Kolk & McFarlane, 1996). Van der Kolk (1989) describes that survivors of trauma may unconsciously engage in self-destructive behaviour. When trauma occurs in childhood, survivors have a greater affinity to repeat their trauma experience (Bass & Davis, 1994; van der Kolk, 1989). Many times survivors of childhood abuse become either victims of abuse or abusers in adulthood (Turell & Armsworth, 2000; Van der Kolk, 1989). Individuals who have experienced trauma have a higher likelihood of being raped by a marital partner or attacked or battered by a date or spouse (Turell & Armsworth, 2000). The feelings of helplessness and lack of control that a survivor experiences (Schiraldi, 2000; van der Kolk & McFarlane, 1996), sometimes causes them to act submissively as they did when they first experienced sexual abuse (Turell & Armsworth, 2000). As van der Kolk (1989) states, "compulsive repetition of trauma usually is an unconscious process that, although it may provide a temporary sense of mastery or even pleasure, ultimately perpetuates chronic feelings of helplessness and a subjective sense of being bad and out of control" (p. 402). This forms the basis of traumatic re-enactment, which many survivors of

trauma consciously or unconsciously partake in. Griffin (2005) reports that in her experiences with survivors of childhood abuse, many individuals re-enact parts of their trauma in their leisure time.

Conversely and less commonly, some survivors feel compelled to victimize others as a way of exerting control (Turell & Armsworth, 2000; Van der Kolk, 1989; van der Kolk & McFarlane, 1996). This re-enactment of previously experienced behaviour has been linked with violent, criminal activity as well as self-mutilation (Turell & Armsworth, 2000; van der Kolk, 1989; van der Kolk & McFarlane, 1996). Turell and Armsworth (2000) discovered that self-mutilators were more likely to rape a stranger, acquaintance, or a marital partner.

Traumatic Stress and Posttraumatic Stress Disorder

“[T]raumatic experiences can alter people’s psychological, biological, and social equilibrium to such a degree that memory of one particular event comes to taint all other experiences” (van der Kolk & McFarlane, 1996, p. 4). Intrusive memories affect an individual’s view of the present and familiar experiences, oftentimes resulting in the tendency for life “to become colorless” (p. 4). Immediately following an experience of a trauma, individuals typically become preoccupied with the event. Involuntary memories intrude and the experience is replayed in one’s mind. Many survivors find ways to tolerate the content of the memories by “modifying the emotions associated with the trauma” (p. 5) vis-à-vis the repeated memories (van der Kolk & McFarlane, 1996). Although many individuals experience the symptoms associated with PTSD, as time passes, for many, the traumatic experience becomes integrated into memory and

reexperiencing and hypervigilance dissipate (DSM-IV, 1994; van der Kolk & McFarlane, 1996).

“[P]atterns of avoidance and hyperarousal that are associated with PTSD”, (van der Kolk & McFarlane, 1996, p. 6) develop among individuals who cannot integrate memories of the traumatic experience. The distinguishing factor between individuals whom develop PTSD and those who do not is that, the former begin to “organize their lives around the trauma” (van der Kolk & McFarlane, 1996, p. 6). According to the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders Fourth Edition* (1994), an individual must meet the following criteria for a diagnosis of Posttraumatic Stress Disorder including:

- (A) exposure to a traumatic event whereby “actual or threatened death or serious injury . . . of self or others” (p. 427) was witnessed and the individual felt “intense fear, helplessness or horror” (p. 428).
- (B) The individual experiences persistent reexperiencing of the event via recollections, dreams, feelings of reliving the experience or physiological reactivity that resembles the reactivity experienced during the trauma.
- (C) “Persistent avoidance of stimuli associated with the trauma and numbing of general responsiveness” (p. 428). Diagnosis includes three of, avoiding thoughts, feelings, activities associated with the traumatic event, an “inability to recall an important aspect of the trauma” (p. 428), detachment from others, have a “restricted range of affect” (p. 428), “a sense of foreshortened future” (p. 425), and “diminished interest . . . in previously enjoyed activities” (p. 425).

- (D) An individual experiences “persistent symptoms of increased arousal . . . as indicated by two (or more) of . . . difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, exaggerated startle response” (p. 428).
- (E) the duration of the aforementioned symptoms exceeds one month
- (F) “the disturbance causes clinically significant distress or impairment in social, occupational or other important areas of functioning” (p. 429).

Not all people who experience a traumatic event will be diagnosed with PTSD as diagnosis results from a culmination of responses to trauma. As Aldwin (1994) indicates, every individual responds differently to their surroundings and experiences.

Leisure and Motivation

Griffin (2002; 2005) describes participants in *Leisure Connections*, specifically, their experiences in leisure. If participants do engage in leisure, they describe other-centered activities or perfectionist impulses thereby, unconsciously reenacting values and beliefs that were experienced as a result of traumatic experiences. Motivations are the reasons that people participate in leisure activities, sometimes referred to as the drive, the need, the desire, or the expectations associated with participation (Mannell & Kleiber, 1997). Several authors distinguish between intrinsic and extrinsic motivations (Iso-Ahola, 1980; Pelletier, Tuson and Haddad, 1997; Stumbo & Peterson, 1998). *Intrinsic* motivations lead to behaviours which elicit personal satisfaction and pleasure when performed and participation in any such activity is strictly voluntary (Pelletier, Tuson & Haddad, 1997). The assumption is that all individuals are intrinsically motivated toward

activities that will increase their feeling of competence and self-determination (Stumbo & Peterson, 1998).

When participating in behaviours that are *extrinsically* motivated one does so with expectation that a reward will be received or punishment will be avoided upon completion of the activity (Pelletier, Tuson & Haddad, 1997). Iso-Ahola (1980) suggests extrinsic reinforcement undermines the concept of free play or enjoyment but more specifically, inhibits intrinsic motivation. Deci and Ryan (1985) suggested extrinsic motivations include four types and a continuum exists as different types of motivation increase the amount of self-determination experienced.

- *external regulation* is based on the premise that behaviours are controlled purely by an external source.
- *introjected regulation* refers to situations in which the presence of an external motivator is no longer required. The person has converted the external motivating cue to an internal pressure, often linked to emotions such as guilt or anxiety (Deci & Ryan, 1985; Pelletier, Vallerand, Green-Demers, Blais, Brière, 1996).
- *identified regulation* motivates a person to behave in a way similar to their own beliefs and values. The behaviour remains extrinsically motivated; however, decisions are self-determined and one has the control to make decisions regarding their own actions.
- when a behaviour is consistent with one's values as well as their self-identity, it is called *integrated regulation* (Deci & Ryan, 1985). This is the most self-determined form of extrinsic motivations.

Amotivation is the perception that no relationship exists between one's actions and resulting outcomes. This type of motivation makes people feel no sense of control and elicits feelings of incompetence (Deci & Ryan, 1985; Pelletier et al., 1996). This type of motivation exhibits many similarities to the concept of learned helplessness. This occurs when a person perceives they have no control over events in their life. Therefore they stop trying to change their situation (Stumbo & Peterson, 1998). This phenomenon often occurs in people with disabilities or debilitating illnesses. It has also been known to be a learned response from childhood because of a prescribed routine where the child was a passive being on which procedures were performed (Iso-Ahola, 1980; Stumbo & Peterson, 1998).

Iso-Ahola (1980) describes three consequences of learned helplessness:

1. decreases in internal motivation prohibits one from escaping the situation that is creating feelings of helplessness,
2. a lack of understanding that an individual can effect change in their situation and,
3. an increased emotional response to recurring situations that one has no control over.

Learned helplessness creates an emotional response that embodies characteristics similar to those exhibited by people with Posttraumatic stress disorder. Griffin (2002) adds that survivors of trauma experience difficulties participating in leisure because they feel immense guilt and shame linked to their trauma experience.

Leisure motivations may also be linked with traumatic reenactments. Hyperarousal keeps the body on guard from a real or perceived threat (Matsakis, 1996). Individuals

who have experienced trauma have much difficulty identifying leisure activities as relaxing or enjoyable nor do they identify it as a positive component to be incorporated into their lives (Griffin, 2002; 2005; Meister & Pedlar, 1992). Furthermore, Griffin (2002) indicates that “survivors learn to associate leisure and fun with a sense of vulnerability” (p. 57). Feelings of vulnerability can result in the avoidance of leisure or participation in leisure while simultaneously feeling angry, irritable, threatened and defensive (Griffin, 2002). Vulnerability results in a survivor’s inability to recognize how they continue to repeat patterns of trauma in their leisure experiences (Griffin, 2002). This unconscious reenactment of patterns is evidenced by the pursuit of perfection within the context of leisure activities (Meister & Pedlar, 1992).

Griffin (2002) reports trauma survivors often tend to be highly motivated to avoid triggers that may remind them of their past trauma. Behaviours such as isolation may, unbeknownst to the survivor, be a reenactment of a behaviour pattern necessary for survival at an earlier time in that person’s life. One may become stuck in a pattern of isolation due to feelings of fear. By isolating, individuals regain a feeling of safety (Griffin, 2002). This behaviour pattern can be further explained using Mannell and Kleiber’s Model of Motivation (1997) (see Figure 1).

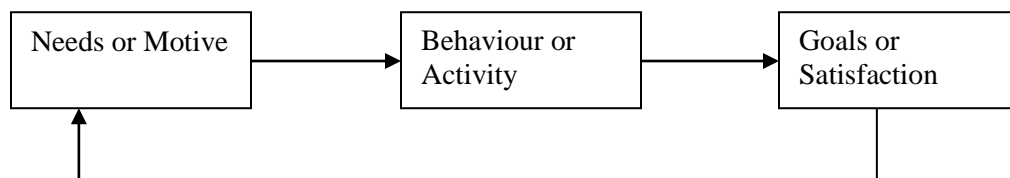


Figure 1: Model of motivation. (Mannell & Kleiber, 1997)

The motivation process is initiated by a need that results from an imbalance within an individual that they want to resolve or a drive to attain something (Mannell & Kleiber,

1997). This need can be either conscious or unconscious. A person may not be aware of the need and similarly, the reenactment pattern of behaviour may not be evident to a trauma survivor (Griffin, 2002). The sequence of events works to reduce the imbalance within individuals. Individuals enact specific behaviour they feel will satisfy their need. Ultimately, the goal is to reestablish balance and feel a sense of satisfaction (Mannell & Kleiber, 1997). It is important to note that the existence of real or perceived barriers can inhibit leisure participation (Stumbo & Peterson, 1998). According to Stumbo and Peterson (1998) reasons for non-participation in leisure can include: lacking the skills required to meet people, health and safety concerns, or feeling that they have insufficient funds to participate in these programs. Examples of barriers that sometimes hold trauma survivors back from participating in healthy leisure include the perceived potential to be unsafe in a situation, or feeling guilty or shameful for experiencing fun and enjoyment (Griffin, 2002). When motivations of participation are examined, deterrents must be investigated as well.

Connecting Leisure and Health in Therapeutic Recreation

In the process of healing from trauma, physical, mental and social recovery must occur. This section defines health as used in this study and presents the health benefits of leisure and therapeutic recreation. The World Health Organization, at its conception in 1948, declared that health was no longer the mere absence of disease or infirmity, but rather the complete state of physical, mental and social well-being. All aspects of this holistic view of health is challenged when an individual experiences trauma. To aid in achieving this ideal state of health for everyone, the process of health promotion is defined as the “process of enabling people to increase control over, and to improve their

health” (World Health Organization, 1986, p. 2). The Ottawa Charter for Health Promotion added that health should be viewed as a resource for living, “emphasizing social and personal resources, as well as physical capacities” (World Health Organization, 1986, p. 2). Therefore, it may be said that leisure plays an important role in the health promotion process. An individual can meaningfully participate in and contribute to society via leisure. Leisure provides more than an escape from the stresses of life, but “leisure has the potential to enable an individual to experience a sense of self outside of the oppression” (Arai & Burke, 2010, p. 135) that they experience. For these reasons, Arai and Burke (2010) argue that leisure should be added to the list of conditions including “peace, shelter, education, food, income, a stable eco-system, social justice, and equity” (p. 120) as resources for health.

Positive health status is directly affected by feeling energized, having good social relationships, feeling a sense of control over life and life circumstances, the ability to participate in activities that are enjoyable, feeling life has a sense of purpose, and feelings of being connected to a community (Blaxter, 1990). Based on these prerequisites for health, Labonte (1994) devised a model depicting the interconnectedness of each of the facets and discussed the role of leisure in each (see Figure 2).

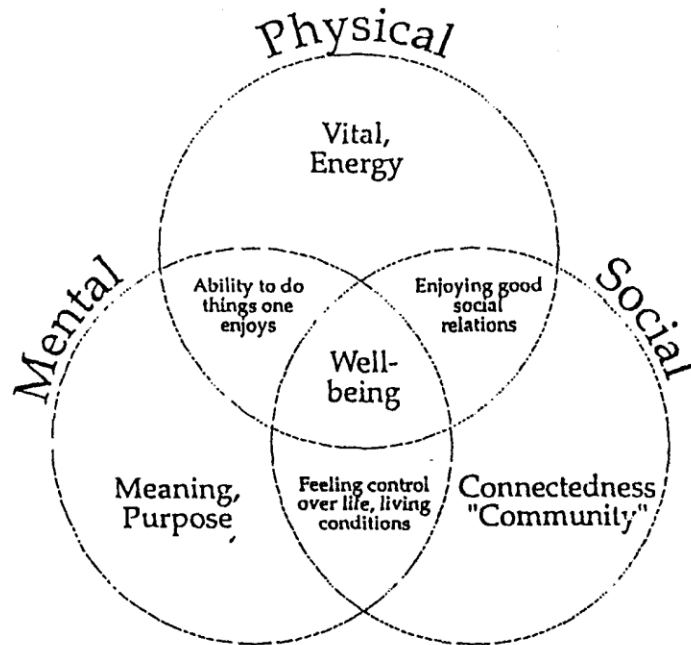


Figure 2: Well-being model (Labonte, 1994)

Leisure is defined as the time free of commitments or obligations to pursue activities that one selects as enjoyable (Hutchinson, Loy, Kleiber & Dattilo, 2003; Kleiber, 1999; Mannell & Kleiber, 1997). Participation in leisure activities may aid in the maintenance of a person's well-being, specifically their physical, social and mental health (Austin & Crawford, 1996; Coleman, 1993; Iso-Ahola, 1980; Iwasaki, 2003; Iwasaki, Zuzanek & Mannell, 2002; Labonte, 1994; Tugade & Fredrickson, 2004). As a specialized practice in leisure studies, therapeutic recreation,

utilizes functional intervention, education and recreation participation to enable persons with physical, cognitive, emotional and/or social limitations to acquire and/or maintain the skills, knowledge and behaviours that will allow them to enjoy their leisure optimally, function independently with the least amount of assistance and participate as fully as possible in society (Therapeutic Recreation Ontario, 2003, p. 3).

According to Austin and Crawford (1996), therapeutic recreation (TR) has a twofold effect on health. First, TR acts to restore the body to a resting state after optimal health is threatened. This is also referred to as a stabilizing tendency. Secondly, the actualizing tendency is characterized by the use of leisure as a means for personal growth and self-actualization where participants progress through stages in attaining optimal health. As one moves through the stages of the model, decision making capabilities are increased and actualization tendency, or freedom of choice, is exhibited in participants (Austin & Crawford, 1996). The desired results are an increase in self-sufficiency and independence in individuals' abilities to make choices.

Leisure in processes of healing from stress and trauma

A key aspect of therapeutic recreation is the emphasis on self-determination or feelings of control, over stressful situations that may arise also increase (Austin & Crawford, 1996). Some of the ways in which leisure improves health status is by providing an outlet for people to learn, increase their sense of individuality and meaningfully interact with others.

Leisure provides participants with an opportunity for an increased sense of control as well as increased freedom of choice (Coleman & Iso-Ahola, 1993; Iso-Ahola, 1980; Stumbo & Peterson, 1998) and less constrained by demands of others (Iwasaki, 2003). Coleman and Iso-Ahola (1993) indicate that as an individual's perception of control increases, there is a reduced likelihood that illness will ensue, thereby increasing health outcomes. Increasing locus of control, as well as levels of intrinsic control begins the process of taking responsibility for ones' actions (Stumbo & Peterson, 1998). This is suggested to be one of the ways in which leisure acts as a buffer (Coleman & Iso-Ahola,

1993). Figure 3 provides a schematic constructed based on the findings of Coleman and Iso-Ahola (1993).

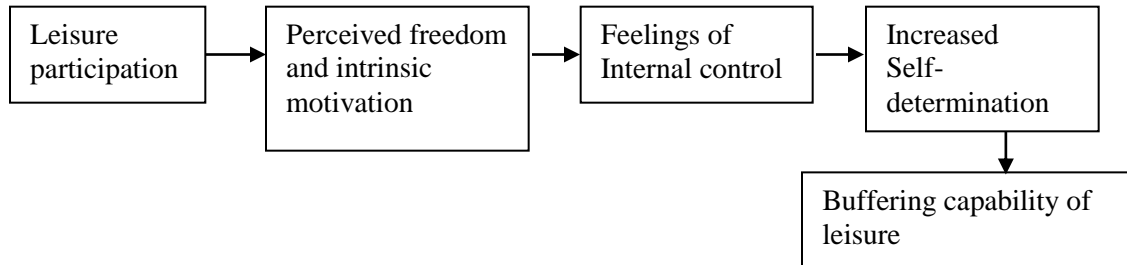


Figure 3: Leisure as a buffer of the effects of stress.

Closely connected with feelings of empowerment are the notions of freedom and control. A fundamental aspect of leisure is, perceived freedom (Coleman, 1993; Iwasaki, 2003). When choices are made in leisure time, results can include increased feelings of empowerment and self-efficacy, in addition to self-determination (Coleman & Iso-Ahola, 1993; Iwasaki & Mannell, 2000). Research indicates an association between high perceived freedom and seriousness of illnesses whereby seriousness of illness is reduced when life stress is high (Coleman, 1993). This suggests that leisure provides benefits that have a buffering effect against stressful events (Coleman, 1993; Coleman & Iso-Ahola, 1993; Hutchinson, Loy, Kleiber & Dattilo, 2003).

Evidence supports the “stress-buffering or –counteracting effects of leisure coping” (Iwasaki, 2006, p. 216). This study found that when stress levels were higher, health protective benefits were improved. Meaningful leisure pursuits provide “an opportunity for gaining some sense of control” (Iwasaki, 2006, p. 217). Leisure coping beliefs may have a greater impact for marginalized populations consistent with Iwasaki’s (2006) findings, indicating the greatest benefit among individuals of lower socioeconomic class when compared to higher socioeconomic class. Leisure as a coping strategy occurs when

individuals partake in leisure activities as a mechanism to cope with stress. There are numerous strategies which include leisure companionship, leisure palliative coping and leisure mood enhancement (Iwasaki & Mannell, 2000).

Iwasaki and Mannell (2000) describe two roles that leisure may play in buffering against the effects of stress. The first role includes the development of leisure coping beliefs as individuals believe that leisure can aid in coping with stress. Leisure autonomy is based on the belief that personality characteristics are developed in leisure and as a result make an individual more able to cope with stress (Iwasaki & Mannell, 2000).

The experience of a single stressful life event or prolonged exposure to many stressful situations has been linked to immunosuppressive changes occurring in the body (Bremner, 2002) as well as an increase in mental health problems (Mock & Arai, 2011; Iwasaki, Zuzanek & Mannell, 2002; Tugade & Fredrickson, 2004). As previously described, hormones that are released during a stressful situation impede the body's natural ability to fight disease. Active leisure, such as exercise helps to rid the body of the chemicals and hormones that are secreted during the initiation of the stress response. Exercise achieves this by burning off these chemicals during metabolic processes (Bremner, 2002).

Iwasaki, Zuzanek and Mannell (2002) suggest that increased physical activity is also associated with increased levels of social support, self-esteem, and sense of mastery. Each of these three components appear to be associated with lower chronic stress levels. It has also been suggested that leisure acts as a means in achieving self-actualization by helping participants to overcome challenges that may arise (Kleiber, 1999; Stumbo & Peterson, 1998; Taylor, 2003). Often a successful leisure experience can aid in increasing

“feelings of self-efficacy, empowerment, pleasure and enjoyment” (Austin & Crawford, 1996, p. 9).

Positive emotions have an impact on physiological rebound and psychological resilience when encountered with a stressful event or experience. Tugade and Fredrickson (2004) reported a quicker cardiovascular recovery after emotional arousal that was perceived negatively. A person’s positive emotions appeared to aid in their resiliency, whereas a person experiencing less positive emotions was less resilient. Specifically, individuals who self-reported the ability to bounce back from stressful situations experienced more positive emotions and quicker cardiovascular recovery from negative emotional arousal. Moreover, regardless of a person’s resilience, when a situation is appraised as a challenge Tugade and Fredrickson found no significant differences in cardiovascular reactivity. Conversely, when the situation is appraised as a threat, people reporting higher levels of resilience experienced shorter periods of cardiovascular reactivity and increased positive emotions (Tugade & Fredrickson, 2004).

Miller and Pedlar (2006) discuss the opportunities for self-reflective practice in therapeutic recreation. Attention to the experience of the participants and modification of interventions to address the individual/group’s specific needs yields best experience for participants and practitioners alike. This shift from a positivist paradigm to one that is more fluid, recognizes that “fixed ends do not exist” (Miller & Pedlar, 2006, p.36). For example, in relation to trauma survivors, traditional TR benefits are not described since traumatic reenactments are often perpetuated in leisure time (Griffin, 2005). Similarly, the pursuit for perfection (Meister & Pedlar, 1992) may act as a distraction in this process of deriving feelings of enjoyment in leisure. The leisure environment yields

opportunities for the development of positive interpersonal relationships (Coleman, 1993; Coleman & Iso-Ahola, 1993; Hutchinson, Bland & Kleiber, 2008; Iso-Ahola & Park, 1996; Iwasaki & Mannell, 2000; Labonte, 1994) in addition to feelings of accomplishment (Austin & Crawford, 1996; Coleman & Iso-Ahola, 1993; Iwasaki, 2006, 2003; Iwasaki & Mannell, 2000).

Leisure can help a trauma survivor reconnect and rediscover meaning in their life (Griffin, 2002). Leisure mood enhancement occurs when positive emotions result from engaging in leisure thereby reducing negative mood (Arai, Mock & Gallant, 2011; Iwasaki & Mannell, 2000; Mock & Arai, 2011). Leisure companionship purports that individuals connect through leisure based on shared experiences (Iwasaki & Mannell, 2000).

Other authors suggest social support emerging from social leisure provides a stress buffering effect (Coleman & Iso-Ahola, 1993; Iwasaki & Mannell, 2000; Klitzing, 2004). Klitzing (2004) reported that leisure activities or leisure spaces provide a context in which women in her study connected and interacted with one another. Conversely, other women reported diversionary tactics in their leisure time that drew them away from other people (e.g., listening to music, journaling, watching t.v. in their room). Since leisure facilitates the development of social connections and instills a sense of control into those who partake in healthy activities (Coleman, 1993; Coleman & Iso-Ahola, 1993; Iso-Ahola & Park, 1996), it can ultimately have a positive impact on the health of participants (Iwasaki, Zuzanek & Mannell, 2002). These processes are part of the empowerment process which is discussed in greater detail in the section that follows.

Friendships often develop out of leisure, thereby providing a social support.

Trauma survivors tend not to have large social support networks and prefer to engage in leisure pursuits that perpetuate the pattern of social isolation. Isolation and avoidance of social connections facilitates feelings of safety (Meister & Pedlar, 1992). From the posttraumatic growth literature, authors note that social support facilitates growth by decreasing emotional distress through the supportive acceptance of the stories of the traumatic event at the time of disclosure (Tedeschi & Calhoun, 2004). Linley and Joseph (2004) support this notion stating that it is actually social support satisfaction that is positively associated with growth. The need for a changed life narrative and goals and beliefs is imperative and this is facilitated by the support of others. This leads to an individual's posttraumatic growth and development of wisdom (Tedeschi & Calhoun, 2004). Wisdom suggests an understanding or vast knowledge about life (Calhoun & Tedeschi, 1998). In addition, there is an affective component of wisdom based on the notion that it is not mere intellectual development that arises from growth following trauma (Aldwin & Levenson, 2002; Calhoun & Tedeschi, 1998). There is a struggle to discover how memories of the experience of trauma can be incorporated into cognition, yet be left in the past. This paradox is a process that produces a tremendous emotional reaction (Calhoun & Tedeschi, 1998).

Specific to individuals with chronic illness and disease, Lee and McCormick (2002) purport that therapeutic recreation is at the core deals with existential issues. In the sense making process, therapeutic recreation aids clients to understand the meaning of their experiences, their definition of self including their integration of a disability into the sense of identity and their purpose. Therapeutic recreation also has at its core a

theoretical connection to existentialism (Lee & McCormick) and as such provides support for this theory as the framework for this research. Existential theory is described further in a later section of this chapter.

Growth that follows a traumatic event profoundly impacts an individual's perception of meaning and assumptions about life. The experience of trauma challenges one's previous assumptions about fundamental aspects of life. Challenged are central assumptions and goals that create purpose and meaning including beneficence, equity, and safety. These moments provide an opportunity for growth, as positive psychological effects are sometimes catalyzed by adversity (Miller & Harvey, 2001; Tedeschi & Calhoun, 2004). Many individuals who have experienced trauma often struggle to find meaning in a situation and consequently opportunity for growth may become limited (Calhoun & Tedeschi, 2004; Miller & Harvey, 2001).

There is evidence in the literature that some characteristics make some individuals better able cope with adversity. These include:

1. Resilience – in the case of a stressful event an individual has the resources to “bounce back” and carry on with a life filled with purpose (Bowman, 1999; Tedeschi & Calhoun, 2004).
2. Hardiness – a personality construct involving three attitudes including commitment, control and challenge. This personality construct acts as a motivator when stressful events arise thereby resiliency develops and situations are viewed as opportunities for growth (Maddi, 2004; Tedeschi & Calhoun, 2004).

3. Optimism – the belief that outcomes of stressful events will be positive.

Individuals' who are optimistic tend to rely less on avoidant behaviours and use more problem focused coping skills (Moos & Schaefer, 1993; Tedeschi & Calhoun, 2004).

4. Sense of coherence – the degree to which an individual views the world as predictable, manageable and worthwhile to make efforts to cope with stressful situations as they are presented (Moos & Schaefer, 1993; Tedeschi & Calhoun, 2004).

Regardless of the effects personality attributes may have on this growth process, Calhoun and Tedeschi (2004) purport that the majority of individuals experience posttraumatic growth of some sort in response to a traumatic event. Initially following a traumatic event traditional coping mechanisms are set in motion to deal with emotional responses that ensue. The authors suggest personality dispositions, such as optimism make individuals more able to move from the phase of mere coping to the process of growth.¹

¹ It is important to recognize inherent limitations of previous research on posttraumatic growth. Tedeschi and Calhoun (2004) recognize that although posttraumatic growth may be applied to the experiences of adolescents and adults, it is less appropriate describing the experiences of children following trauma. Since trauma challenges one's understanding of the world, the growth that occurs post-trauma is a result of developing new beliefs about the world; however, children do not appear to experience growth in the same way as adults. This may be as a result of their constantly developing understanding of the world, and the fact that their beliefs are not set (Tedeschi & Calhoun, 2004). Among children, the posttraumatic growth phenomenon has not been investigated to the extent that it has been in adults (Milam, Ritt-Olsen & Unger, 2001). Considering the detrimental effects of trauma on brain development in children, this is an area that requires further investigation as impaired brain development impacts coping and adjustment in adulthood (Chapman et al., 2004; Putnam, 1996; Scheeringa, Zeanah, Myers & Putnam, 2004).

Physically active leisure buffers against the negative effects of stress (Coleman, 1993; Coleman & Iso-Ahola, 1993; Hutchinson, Loy, Kleiber & Dattilo, 2003; Iwasaki & Mannell, 2000). Leisure also facilitates changes in mood – resulting in more positive emotions (Arai, Mock & Gallant, 2011; Iwasaki & Mannell, 2000; Mock & Arai, 2011). Leisure creates opportunity to engage with others, fostering social bonds and support networks (Coleman & Iso-Ahola, 1993; Iwasaki & Mannell, 2000; Klitzing, 2004). Hutchinson, Bland and Kleiber (2008) discuss the implication for “therapeutic recreation practice” (p. 16) and “TR service delivery” (p. 17). For individuals whom perceive leisure as stress causing, intervention should be experiential in nature including debriefing to demonstrate the ways that leisure could be a resource for coping. This would aid individuals to “(a) learn about the benefits of leisure for coping with stress, (b) develop their leisure-coping repertoire . . . and (c) build their personal and social leisure-coping resources” (Hutchinson, Bland & Kleiber, 2008, p. 16). Coping can develop from leisure pursuits by providing “(a) distance or respite from the stressor, (b) social support, companionship or sense of belonging, and (c) enjoyment” (p. 16) with the goal of “promoting a sense of personal mastery, achievement and normalcy” (p. 16). In her therapeutic recreation practice in *Leisure Connections*, Griffin (2005) incorporates physically active leisure exercises to demonstrate behaviour patterns which create opportunity for emotional processing and sharing experiences among participants. The commonality of experiences fosters social supports.

Empowerment

Leisure contributes to the healing process and can be further understood within empowerment theory. Empowerment is a phenomenon that develops from within an

individual or group and may be facilitated by another individual (Arai, 1996). Transition through the stages of the empowerment model can move only as quickly as the individual will permit (Arai, 1997). Some of the fields in which the empowerment theory has been utilized include, abuse survivors (Banyard & LaPlant, 2002), individuals with disabilities (Arai, 1997), individuals who are living in poverty and as a result are disempowered (Lord & Hutchison, 1993), and community groups attempting to enact social change for instance, the Healthy Communities movement (Arai, 1996). In all of these populations, the goal is to understand the experiences of individuals and groups that face disempowerment. Empowerment researchers have discovered four stages in this process (Arai, 1996; 1997; Lord, 1991) along with five underlying principles (Arai, 1996). The empowerment theory is defined a “process of change”, through which individuals gain control of circumstances in their lives (Arai, 1996; Gibson, 1991; Lord & Hutchison, 1993).

In the empowerment process, there is movement from feelings of powerlessness and lack of resources toward an ability to have power over decision-making, the ability to enact changes in an individual’s life and self-determination (Lord & Hutchison, 1993; Lord, 1991; Rappaport, 1987; Segal, Silverman & Temkin, 1995; Wallerstein, 1992). When examining the process of empowerment, there is an underlying principle related to power and more specifically, powerlessness (Lord, 1991; Segal, Silverman & Temkin, 1995; Wallerstein, 1992). Power changes occur at a psychological level, a social level and at a political level as one moves through the stages of empowerment (Arai, 1996). Psychological power encompasses an individual’s efficacy in making decisions for themselves and self-concept (Zimmerman & Rappaport, 1988). Psychologically,

perceived competence increases as movement through the empowerment model occurs. Additionally, personality, cognitive abilities and motivation are improved with a greater sense of control over one's life. "Social power is concerned with access to certain 'bases' of household production, such as information, knowledge and skills, participation in social organizations, and financial resources" (Friedmann, 1992, p. 33). At the social level, as feelings of competence and self-efficacy improve, there is an increase in community participation. These processes occur as an individual works within a group. Political power is defined as an individual's access to participate in decision making processes (Friedmann, 1992). At the individual level, skills are developed as well as the confidence that is necessary to be heard within a small group. Locus of control, self-esteem and perceived efficacy to enact changes in a group setting characteristically increase as changes happen at the political level (Zimmerman & Rappaport, 1988). The end result of the empowerment process is a shift, whereby an individual who felt oppressed gains the ability to influence decisions in their life and the society in which they live (Segal, Silverman & Temkin, 1995).

Rappaport (1981) describes the 'expert/helper' approach to aiding disempowered individuals as problematic. In contrast, "...a common process of personal development, participation, consciousness raising and social action. . ." (Rissel, 1994, p.41) comprise other facets of the empowerment process (Arai, 1996; 1997). This further articulates the notion of empowerment as a catalyst for change, specifically with regards to feeling able to make personal choices and feeling connected to the world. Arai (1997) describes in more detail the holistic process of empowerment whereby; the role of the facilitator is such that growth is supported rather than forcing conformity to a set path. As a facilitator

in the empowerment process, one must be patient and resist the urge to ‘fix’ situations since they seem to be uncomfortable for the individual working through the process. Such actions actually work to perpetuate the experience of powerlessness. This ‘helping’ process requires much time (Arai, 1997).

The need for supports beyond family members is essential for the individual empowerment process to flourish. The need for social connections with people who share similar struggles, interests and abilities can, in some instances help individuals to realize that they are not as isolated as they once thought (Arai, 1997; Hastie & Pedlar, 1993). This realization can be very comforting (Miatello, 2006). Allowing the time and space for this process to unfold is the essential role of the facilitator (Hastie & Pedlar). It is also important to ensure that meaning is gained from the activities in which individuals participate. Among individuals with chronic disabilities, this was true in a recreation setting. Their desire to engage in meaningful work in the community connected to the notion of being self-supporting, also connected to feelings of self worth. In instances where this was not true, contributing to decision making in recreation increased feelings of dignity and self-worth (Hastie & Pedlar).

Where empowerment describes, “intentional efforts to ensure improvement in individual and group circumstances” (Labonte, 1994, p.10), feelings of self-blame and powerlessness over one’s personal situation and societal decision making can be modified via leisure (Labonte). By incorporating personal care with small group development and community organization for instance, individuals develop broad support networks while simultaneously striving towards empowerment (Labonte). Personal care helps by offering care that supports an individual and allows for the opportunity to have

free choice. The development of small groups is usually centered on an experience, which allows individuals to relate to each other, therefore normalizing the experience (Labonte). The isolation that one feels may begin to diminish when interaction with others increases. As Arai (1996) describes opportunities to engage in leisure in the social context enables individuals to use skills that they may not have used in a long time or to develop new skills. Individuals may find themselves using their voices and becoming involved and being heard. Through leisure some people may find a connection to themselves thereby regaining a sense of balance in their lives. This individual development or rediscovery, for some people, may then be carried into other situations within their lives (Arai, 1996).

Stages of individual empowerment

Arai (1996 & 1997) describes four stages in the empowerment process. The process of empowerment enables one to move from a state of powerlessness toward a sense of control over their life circumstances (Arai, 1996; 1997; Lord & Hutchison, 1993; Lord, 1991; Wallerstein, 1992). The first stage, awareness, occurs in response to, or realization of, a circumstantial change, or crisis situation (Arai, 1996; 1997; Lord, 1991).

The second stage in the empowerment model – connecting and learning – focuses on the connections that develop with others. The idea is that supportive relationships are fostered, resulting in the ability to ‘pool’ resources. In this process new skills are developed which increases available opportunities and choices (Arai, 1996; 1997; Lord, 1991). Central to this stage are supports such as groups where common interests or struggles are identified. Individuals begin to experience fewer feelings of isolation, and

self-esteem and self-concept begin to increase. This stage helps to prepare individuals to move into the third stage of mobilization (Arai, 1996; 1997).

Mobilization is the stage in which individuals are ready to make changes. A benefit for taking action to enact change is the increased feelings of competence and participation. Action can also lead to feelings of self-efficacy or self-esteem. The ability for one to be heard and share their opinions is common in this stage (Arai, 1996; 1997; Lord, 1991). As Lord (1991) describes, individuals increase their participation by joining groups and voicing their thoughts and opinions. Given that taking action requires a network of supportive individuals, new knowledge and self concept, it is impossible to move through the third stage without having incorporated the benefits associated with the second stage (Arai, 1996; 1997).

Similarly, movement through the fourth and final stage of the model, contribution, requires that one has had success in the previous three stages. Contribution refers to the integration of new learning into an individual's sense of self and to take new skills developed and use them in another context of their life (Arai, 1996 & 1997). The sense of belonging that develops and the feelings of acceptance emerge from being active and contributing for the betterment of the situation (Arai).

The empowerment process begins with awareness and can be completed to the contribution stage and then restarted with the realization of another issue. The movements through the models by Rissel (1994) and Arai (1996) are affected by changes in personal development; however, the empowerment process does not occur exclusive of the social worlds in which an individual lives (Arai, 1996).

Similar to the process of empowerment, the healing from trauma process is nonlinear and more specifically, cyclical. This means that setbacks will occur and the healing process can deepen. There are three stages of healing reported by Matsakis (1996) which are similar to the Sanctuary model by Bloom (1994). The first is the cognitive stage, whereby the trauma is remembered and reconstructed in the mind. This may be difficult, since memories have been repressed for such a long time that a person cannot actually remember what happened to them. There is one thing they are sure of – something happened to them (Matsakis, 1996). The second stage of healing is the emotional stage. This is a particularly difficult stage where individuals may become overwhelmed by emotions (Matsakis, 1996). In this phase, affect management skills must be employed (Schiraldi, 2000). It is characterized by allowing oneself to experience feelings associated with the trauma. The final stage is the mastery stage where survivors work to understand the meaning of the trauma and integrate the dissociated memory into long term memory (Schiraldi, 2000). Another critical part of healing from trauma is the reconnection with other people in the form of interpersonal relationships (Bloom, 1994; Herman, 1992). Individuals who have experienced trauma are encouraged to move away from viewing themselves as a victim toward perceptions as a survivor (Matsakis, 1996). As survivors move through their healing process, they achieve physical and emotional safety to connect with other survivors. In this social context, they can give and receive support and deepen their healing by restoring trust in others (Bloom, 1994; Herman, 1992).

Existentialism and Therapeutic Contexts

Existentialism is described as the way an individual experiences meaning in their life. Meaning is derived from relationships with oneself as well as relationships with other people (Bauman & Waldo, 1998; Mascaro & Rosen, 2005). Oftentimes, the meaning of one's life is not fully understood until faced with a significant life event which brings to the forefront of consciousness, one or more of the four ultimate concerns: freedom, meaninglessness, isolation and death (Bauman & Waldo, 1998; Mascaro & Rosen, 2005; Matustik, 2002). In addition to the ultimate concerns of human existence, being and becoming play an integral part in comprehending the underlying principles of existentialism.

While Soren Kierkegaard, Jean-Paul Sartre and Friedrich Nietzsche are identified as some of the original writers on existential theory (Frankl, 1967; Matustik, 2002), Victor Frankl and Irvin Yalom later paired existential theory with psychotherapy and counseling. In this section, core concepts in existential theory are discussed, and the section concludes with a discussion of existential psychotherapy. The literature reviewed in this section also provides a foundation from which understanding of healing from trauma can be built. Lantz and Lantz (1992) and Harmand, Ashlock and Miller (1993) describe ways existential psychotherapy may be used in treatment processes for people who have experienced trauma. Principles of existential psychotherapy bring together experiences of an individual, the person themselves and, meanings derived from the experience (Harmand, Ashlock & Miller, 1993). A foundation in existential psychotherapy provides a theoretical framework when attempting to uncover the meaning of leisure when healing from trauma.

The human experience of being and becoming.

Existentialists believe that as humans, we are individuals who have a consciousness that makes us responsible for every facet of our existence. This idea is termed *dasein* (Bauman & Waldo, 1998; Frankl, 1967). There is no possibility for a static condition. As a result, human beings are ever changing in response to the realization of their individual potential. An individual who has self awareness and a sense of responsibility for experiences in their life can move along a continuum into a process of becoming (Bauman & Waldo, 1998; Corey, 1996; Frankl, 1967). Becoming is the process individuals move through to reach their fullest potential (Bauman & Waldo, 1998).

Linked to becoming is a sense of being (Bauman & Waldo, 1998). The idea of being alludes to there being choice in any situation (Bauman & Waldo, 1998; Corey, 1996; Frankl, 1967; Lantz & Gyamerah, 2002). More specifically, there is a close link between individuals and their world. As such, either a proactive choice (positive focus exploring opportunity to make change) or reactive choice (negative view individuals cannot do anything to change the situation) will result in differing experiences with consequences related to choices made (Bauman & Waldo, 1998; Lantz & Gyamerah, 2002).

Ultimate concerns.

Four ultimate concerns drive humans to behave in the way that we do (Mascaro & Rosen, 2005; Yalom, 1980). According to existentialists, the concerns of death, freedom, meaninglessness and isolation are universal to all human beings and contribute to feelings of existential anxiety.

Death becomes a cause of existential anxiety when an individual realizes they are mortal (Yalom, 1980). This is accompanied by the realization that eventually, people will have to face their own death. Moreover, this death is not necessarily literal, but rather can be explained metaphorically (Bauman & Waldo, 1998; Yalom, 1980). For instance, Yalom (1980) describes death as a metaphor for the end of optimal health or a successful career. Facing this ultimate concern is an essential part of the process by which people derive meaning in their lives (Bauman & Waldo, 1998; Yalom, 1980).

Freedom is another ultimate concern that facilitates the meaning-making process. From an existentialist viewpoint, freedom is described as the perceived ability of an individual to control a situation or the reaction to a situation (Yalom, 1980). The implication of this belief is that an individual is responsible for their life circumstances. This, in turn, means an individual creates a sense of self, ability to control personal feelings and fate and ultimately, their experiences in life (Yalom, 1980).

Meaninglessness results from the belief that life has no purpose. This belief that there is no purpose in life is accompanied by a lack of intention, aim or function (Mascaro & Rosen, 2005; Yalom, 1980). Existentialists believe that without meaning, one will succumb to a condition referred to as an *existential vacuum* (Mascaro & Rosen, 2005). The experience of the *existential vacuum* is sometimes accompanied by an *existential neurosis* (Harmand, Ashlock & Miller, 1993; Lantz & Lantz, 1992; Mascaro & Rosen, 2005; Yalom, 1980) that results when an individual devalues their personal goals, expresses depressive affects and disengages themselves from their normal activities (Mascaro & Rosen, 2005; Yalom, 1980). These issues negatively impact an individual's growth (Guardo, 1975).

The fourth ultimate concern, *isolation* is described by Yalom (1980) as having three different forms. Interpersonal isolation occurs when we are overcome by feelings of loneliness and segregation (Yalom, 1980). Intrapersonal isolation results when part of our self is segregated from another part of our self. This is often used as a defense mechanism to avoid thoughts, memories or experiences (Yalom, 1980). The final type of isolation that existentialists identify occurs when we segregate our self from the rest of the world (Yalom, 1980). This type of isolation is called, existential isolation. This last type of isolation is especially prevalent when one is facing death. This situation results because of the reality that death is something that must be faced alone. As such, isolating oneself can act as a means of preparation for the journey ahead (Yalom, 1980).

There are situations that force us as humans to make choices that are oftentimes irreversible. As a result, this often causes distress or existential anxiety, defined as deep feelings of uneasiness and unrest that result from the awareness of the ultimate concerns (Bauman & Waldo, 1998; Yalom, 1980). These existential experiences almost always involve one of the ultimate concerns that humans inevitably face. These *boundary situations*, or *being thrown*, can provide an opportunity for growth (Bauman & Waldo, 1998; Yalom, 1980).

In the process of existential psychotherapy, the goal is to work with individuals and help them to understand meaning in each situation, and ultimately that they have the control to change the way they view and react to the experience (Frankl, 1984; Guardo, 1975). This process is described in more detail in the subsequent section.

Existential psychotherapy

Guardo (1975) described *developmental existentialism* as a helping process in the context of a practitioner-client interaction. As such, the practitioner, acting as a helper, supports the client's process to realize his or her potential for development. The underlying premise of this therapeutic process is more than a lack of illness, but rather is centered on growth and development. Since this approach is viewed through a healthy lens (with little or no focus on maladaptive skills or mental illness), the helper must understand the individual's history to help address past experience and make the link between memories and present experience.

Frankl (1984) described a similar process, occurring in the context of a therapeutic relationship. Logotherapy is defined as an introspective method, focusing on meaning that a patient will experience at some point in the future. Frankl (1984) explains that "in logotherapy the patient is actually confronted with and reoriented toward the meaning of his life" (p.104). There is a foundational difference between Freud's psychoanalysis, the works of Frankl and the works of Adler. Frankl (1984) explains that these differences lie in what an individual is striving for. Specifically, there is a *will to pleasure* that underpins Freudian theory, a *will to power* in Adlerian theory, and Frankl's theory, emphasizes the *will for meaning* (Frankl, 1984). This means individuals strive to find pleasure in their lives, they strive to gain control over their lives and strive to find meaning in the experiences of life, respectively.

In logotherapy, the foundation of mental health is the tension between whom we are and whom we ought to be. According to Frankl (1984) meaning is similar to life – it is ever changing. As a result, there are three ways meaning can be discovered. The first

is by doing work. The second is by having a new experience or interacting with another person. The third is in the way that unavoidable suffering is viewed and confronted. Specifically related to the latter of the three, there exists opportunity to triumph over adversity or overcome the hopelessness of a situation that cannot be changed (Frankl, 1984). Suffering, along with the four ultimate concerns, is an essential precursor of meaning. As Frankl (1984) notes “. . . [o]ne of the basic tenets of logotherapy” is the role of attitude and how it is altered based on the uncontrollable circumstances one may face (p. 117).

The therapeutic process that occurs between practitioner and individual in the context of logotherapy or *developmental existentialism* appears to be synonymous with processes that occur when healing from trauma.

Existential Psychotherapy and Trauma Healing

Since Frankl's (1984) original work on logotherapy, other authors have described the benefits of combining the meaning making premise of existentialism with the process of healing from trauma (Harmand, Ashlock & Miller, 1993; Lantz & Lantz, 1992; Yalom, 1980). A common thread that runs through existentialism and existential psychotherapy is the ability to find meaning (Frankl, 1984; Harmand, Ashlock & Miller, 1993; Lantz & Lantz, 1992; Yalom, 1980). As described by these authors, the experience of trauma can disrupt the process of finding meaning (Lantz & Lantz, 1992). Since there is a potential to find meaning in every situation, repression of traumatic memories prohibit an individual from uncovering the meaning in an uncontrollable event such as sexual abuse in childhood. Suffering becomes mere cruelty and self harming if meaning is not derived from the experience of adversity (Harmand, Ashlock & Miller, 1993).

Lantz and Lantz (1992) explain that in Franklian psychotherapy, there is an importance to find the opportunities for meaning that often result in a trauma survivor giving back what they have discovered from their trauma memories, a self-transcendence of sorts. This means a survivor of trauma can find satisfaction in the thought of easing the pain of another individual who has experienced trauma.

Existential psychotherapy has been employed in aiding military personnel heal from combat related trauma (Harmand, Ashlock & Miller, 1993) and adults who have experienced childhood abuse (Lantz and Lantz, 1992). Lantz and Gaymerah (2002) have devised a specific healing model which aids in altering defense patterns and therefore results in growth. This is a four-stage process of *holding*, *telling*, *mastering* and *honouring*. In the *holding* phase the memory of the trauma is recalled which is often accompanied by painful memories as feelings are dredged up and discomfort is experienced (Lantz & Gaymerah, 2002). When done in a safe and supportive environment, this may result in an easing of the pain that the individual experiences.

In the *telling* phase, the traumatic experience is discussed in an empathetic and supportive context in which defenses that have become so natural are challenged. This provides a way to recognize defense patterns associated with keeping the traumatic experience a secret. An important key to understanding why certain events are remembered more readily than others has a great deal to do with the social acceptability of certain traumatic events (Bass & Davis, 1994). Furthermore, Bass and Davis (1994) indicate the process of naming a traumatic event such as an earthquake, a war, a shipwreck or a concentration camp will aid in the survivor's recollection of the event. When the event is publicly acknowledged and not associated with shame and stigma, the

event is more likely to be remembered. Since the experience of childhood sexual abuse impacts the survivor's sense of self-esteem, self-worth and safety they are less likely to confide in others for comfort or sympathy. This in turn leaves a child isolated, struggling to make sense of what has happened to them and without any reassurance that the situation was beyond their control (Bass & Davis, 1994).

The *mastering* phase could be viewed as a practice of new patterns. It is characteristic of this phase to begin to replace old defense patterns with behaviours more conducive to growth. Examples include a transition from aggression to assertiveness and avoidance to independence. The final phase of *honouring* is directly linked to the notion that trauma memories are not all negative. This means there is an opportunity for an individual to be empathetic toward other people who have experienced trauma and are grappling with similar issues in their healing journey (Lantz & Gaymerah, 2002). These four phases facilitate change and growth in individuals as they progress along their healing journey.

Chapter Three: Leisure Connections and the Program for Traumatic Stress

Recovery

The purpose of this interpretive grounded theory study was to explore adult survivors of trauma's understanding of leisure during participation in *Leisure Connections*.

The following three research questions were answered through this study:

- **How does *Leisure Connections* provide a context for healing?**
- **How do participants' understandings of leisure change as adult survivors of trauma experience *Leisure Connections*?**
- **What is the connection between leisure and healing?**

This chapter addresses the first research question.

In response to this research question, data from observations of *Leisure Connections*, interviews and reflection cards were used to describe: participants in *Leisure Connections*; the four *Leisure Connections* sessions, specifically the difference between psycho-education and experiential exercises; participants' reflective process; and *Leisure Connections* in relation to other leisure groups in the Program for Traumatic Stress Recovery. To support findings in this chapter and the subsequent chapter, verbatim quotes appear in quotation marks or block quotes.

Describing Study Participants

In total, there were eight program participants in the block of *Leisure Connections* explored in this study. The six women who chose to participate in this research were between the ages of approximately 20 and 65 years and are henceforth referred to as

research or study participants. The other two program participants were engaged in *Leisure Connections*, however they declined to participate in the research.

Each study participant was assigned a pseudonym to ensure confidentiality (Anita, Helen, Laura, Marion, Mary and, Teresa). Throughout our interactions, Anita talked about her husband. She is married but never described having children. She referenced brothers and alluded to having a strained relationship with her parents. Helen described being married, being close with her daughters and having grandchildren. She anticipated having challenges getting her husband to enact changes upon her return home. Laura referenced her husband and has a son and a daughter both of whom played sports which she attended. Marion did not share anything about her familial relationships except always wanting guidance from her mother when she was young and never getting this whereas Mary spoke about being close with her brothers and sisters. She described being afraid of moving on for fear of losing the bond between she and her siblings. Teresa was engaged to be married at the time of data collection but they had not yet set a date for their wedding.

Participants were not asked the nature of their trauma history during the data collection process; however, types of trauma experienced by participants in the Program for Traumatic Stress Recovery include: childhood abuse, workplace accidents, military trauma or violence and crime (Homewood, 2012). Although not used in the analysis, participants discharge dates were recorded to ensure that follow-up interviews were completed prior to departure from the Program for Traumatic Stress Recovery. Marion and Teresa participated in *Leisure Connections* immediately following completion of

their assessment week programming while, Anita, Mary, Laura and Helen participated in *Leisure Connections* at the end of week five of their eight week stay.

Mary attended all four sessions of *Leisure Connections*. Marion, Teresa and Helen attended three of the four sessions entirely, while Laura and Anita also attended three of the four sessions; however, one left the third session mid-way through and the other arrived five minutes late to the fourth session, respectively. Program for Traumatic Stress Recovery clients can enter into *Leisure Connections* at any point throughout their stay in the Program for Traumatic Stress Recovery. Some participants had self-referred to *Leisure Connections*, while others, like Marion were referred by their nurse, **“they had suggested that I go to it”** (Interview).

Four participants noted that prior to *Leisure Connections* they did not have a strong sense of what the group would offer to them. Teresa said, **“I didn’t know what to expect at all, I had no idea. Um, I was pleasantly surprised”** (Interview). Similar statements were made by Anita, Laura and Marion. Marion added what she had thought the group was about prior to attending *Leisure Connections*.

I didn’t know what *Leisure Connections* was all about . . . I thought maybe leisure is just to spend some time, learn how to take time for yourself, to do leisure for yourself. (Interview)

Although most participants had no knowledge of the group, Laura had heard about *Leisure Connections* from other people in Program for Traumatic Stress Recovery who previously attended *Leisure Connections*. She had been told how profound the group was. She heard general comments about the group and other participants’ experiences with Janet. She was looking forward to the *Leisure Connections* group.

I heard . . . people coming back and saying oh my gosh it's so good, you won't believe what Janet's like when you get there, she's so different than process group and so I guess I eventually was starting to look forward it to and curious to see what everybody was talking about. (Laura, Interview)

Despite not having a sense of what *Leisure Connections* was about, participants surmised what the group would provide them. Anita described having an understanding of the goal of the Program for Traumatic Stress Recovery in teaching and providing an opportunity to practice new skills. She expected *Leisure Connections* would be no different. **"I just knew that in the program that things are set up to help me make better choices and differ my core beliefs"** (Anita, Interview). Anita added, **"[m]y expectation [of the Program for Traumatic Stress Recovery] is, ok give me everything I need and I will try and process it, kinda go from there"** (Interview). Helen expected *Leisure Connections* to teach her **"how to be happy, . . . how to take time out for myself. How to relax"** (Interview). Mary had no prior knowledge of the content in the *Leisure Connections* group before the sessions began but hoped

[t]o be able to find out why I do the things I do for leisure and a more in depth connection to why I do certain things and why I like certain things . . . I was feeling guilty over having fun or having a good time (Interview)

The consensus was that although there were almost no specific expectations for *Leisure Connections*, participants did not expect to have to "work" the way that they did.

Leisure Connections: An Overview of the Sessions and Participants' Experiences

The following description of *Leisure Connections* emerged from my observation notes and from interviews with participants. This section has been structured to briefly

describe the main focus of each of the four *Leisure Connections* sessions as a foundation to understanding how *Leisure Connections* provides a context for healing. In four one-hour sessions the Recreation Therapist, Janet Griffin, supported eight participants to explore the impact trauma had on their leisure and the development of new leisure patterns. As a reflective practitioner, Janet encouraged participants to reflect upon their experiences in leisure, both within the *Leisure Connections* group and in other groups within the Program for Traumatic Stress Recovery. Janet was central in the process of creating these opportunities and encouraging participants to share and reflect. The subsequent sections will describe in detail the psycho-education activities of session one, the experiential exercises of sessions two and three and the blend of the two in session four.

At the beginning of each session a “check-in” occurred and was initiated by Janet. She began sessions two, three and four with similar statements. For example, at the beginning of session two Janet stated, **“I will start by asking if there is anything that is leftover or that stood out from last day? You may have noticed this in different areas of the program or in your larger life. I invite anyone to share these insights.”** (Janet, Observation notes, Session 2). And if there was no response, as occurred at the beginning of session four, Janet reminded participants of the content of the previous session, **“if you remember, we did an experiential activity that on the surface looked a lot like the game of pat-a-cake.”** (Janet, Observation notes, Session 4). Examples of the “check-in” discussions are provided in subsequent sections which describe each session.

At the end of each session, Janet created opportunity for participants' to reflect on what Janet called the **"ah ha"** (Observation notes, Session 1) or participants epiphany moments they experienced during the sessions. Whenever possible, Janet connected participants' reflections of the previous session as a **"segue"** (Observation notes, Session 1) into the content of the current session. At the end of each session, participants completed and submitted a reflection card to Janet. These were given back to participants at the end of the last session of *Leisure Connections*. Participants wrote between one and four lines, some in paragraph format that was understandable by anyone who read it, for example

I noticed that I actually was assertive without ever noticing it. I also realized that I have to communicate with myself or be aware of what it is I want to communicate before it is received properly. How can someone else change if I'm not sure what I want to change. (Anita, Reflection card, Session 3)

Other participants' reflections included two points in list format, **"1) I noticed that I am not able to make my own mind/my choice. 2) I feel nervous in relationships."** (Helen, Reflection card, Session 2). This exercise took no more than five minutes at the end of each session and most participants took one to two minutes. After each session, Janet read the reflections and wrote questions to participants on the bottom of their reflection cards before returning them to participants. Examples of the questions included, **"What do you see as the connection between [sessions] # 1 + # 3"**? She also posed questions based on the reflections such as, **"I also remember you sharing an 'all or nothing' type of pattern – either caretaker or alone to create a sense of safety. Middle ground seemed to entail setting boundaries, which re-enacted fears of rejection."**

Sessions One: Learning about Leisure Through Psycho-Education

Janet began the first session by introducing herself, the *Leisure Connections* group and providing a roadmap for the subsequent four sessions. She contrasted the *Leisure Connections* group with other groups in the Program for Traumatic Stress Recovery and provided an overview of the psycho-education activity that they were about to experience: **“throughout the sessions there will be an opportunity to process, share and reflect how the session topic fits for you”** (Janet, Observation notes, Session 1). When participants seemed to understand concepts Janet described, they nodded their heads in agreement. The content of this section follows the chronological order of the first session of *Leisure Connections*.

Janet led participants through a process of self-reflection to uncover their connection to a leisure activity, the motivation for participating in a leisure pursuit, and asked participants to ponder how making changes in the connection and motivation might change their leisure experience. Participants shared desires and experiences including for example, Marion’s description of her motivation. She believed that Janet **“goes back and forth between internal and external [motivations].”** (Observation notes, Session 1) Janet confirmed this notion that you can cycle from one to the other.

This session was a psycho-education session designed to increase participants’ knowledge about **“the choices that are made in free time.”** Janet explained that these choices **“actually help us to stay connected to the trauma that occurred.”** She added:

What this group will help to do is gain more self awareness in order to see how this is happening or how traumas are being re-enacted in your free time. This

group will also help to challenge the way that you think about leisure. (Janet, Observation notes, Session 1)

Janet explained to the seven participants present in the session that, ***“Leisure Connections is different from process group in that it is a closed, psycho-educational group that runs over 4 sessions and has an agenda for the group or a topic for each session”*** (Observation notes, Session 1). She further described psycho-education for participants in the context of *Leisure Connections*. As Janet stated, ***“In reference to the psycho-education piece, throughout the sessions there will be an opportunity to process, share and reflect how the session topic fits for you”*** (Observation notes, Session 1).

As Janet facilitated dialogue among participants in the group, participants were encouraged to talk about their past and current leisure activities and those they would like to do in the future. To initiate discussion, Janet began by writing the following statements on the whiteboard and asked participants to choose one statement and finish the sentence:

1. My favourite activity in childhood or now is . . .
2. I do not do it much but I enjoy . . .
3. If I did not have to do it perfectly, I would . . .
4. If it was not too selfish, I would . . .
5. If money was no object, I would . . .

Throughout the session, Janet encouraged participants to share their beliefs on topics discussed. At first, participants were slow to respond but soon began to share more. Some responses included, ***“[responds to Q1] My favourite activity in childhood***

was tobogganing” (Anita, Observation notes, Session 1), “[**responds to Q3**] **I would golf a lot more. I have the ability to play but there are so many protocols when golfing so I don’t play because I am afraid I will not fit in with the protocol**” (Laura, Observation notes, Session 1) or “[**responds to Q5**] **and indicated that she would run away to the warmth. All clients connect to this theme of wanting to run away.**” (Marion, Observation notes, Session 1). Janet asked questions such as, “**do you still do this?**” or “**what will happen if you don’t fit in?**” or “**is your desire to runaway is a reenactment?**” (Observation notes, Session 1), to facilitate a deeper understanding of the motivations behind their leisure choices. In addition, to facilitate sharing among the group members, Janet would ask whether others in the group could relate to the experience that one of the group members had just shared, for example she asks whether “**anyone else had a similar recognition**” (Observation notes, Session 1). When prompted with a question such as, “**whether pleasure that is experienced is contingent upon the results and how others validate what you have done**” (Janet, Observation notes, Session 1), other group members responded. Janet also provided examples or connections to responses made by previous *Leisure Connections* participants. Janet explained that in the Program for Traumatic Stress Recovery, space is created “**to connect with others about your trauma but you are more than the trauma that happened to you**” (Observation notes, Session 1). *Leisure Connections* “**will give you the opportunity to connect to other people about other things**” (Janet, Observation notes, Session 1), specifically leisure. Throughout the sessions, Janet encouraged and facilitated engagement and participation among participants.

Janet explored with participants the relationship between leisure, enjoyment, and self-nurturing leisure. She also described the connection between leisure and reenactments of trauma, and the impact on the self. As she stated, **“avoiding taking care of yourself honours the trauma, which connects with your sense of self”** and **“[s]ome peoples’ leisure gives them a way to avoid their thoughts or feelings”** (Janet, Observation notes, Session 1). This exercise also sought to help participants to see that they are more than the trauma that they experienced. Janet indicated that regardless of the choices that are made in free time, **“Wherever you go, there you are”** in that, Janet said **“you can never escape your memories or your thoughts or feelings”** (Observation notes, Session 1).

Janet then wrote “ACTIVITY” on the whiteboard. She described that the inherent problems with defining leisure as an activity is that it is limiting. She used the example of exercise to portray the concept **“If you connect to . . . activities for their stress relief, relaxation, the sense of inner peace they provide or the feeling of connection to the moment . . . then this is a healthy leisure experience”** (Janet, Observation notes, Session 1). She added:

if. . . you connect to these activities with anger you may begin to place expectations on yourself where you expect that you must go farther and faster than you did yesterday. If you berate yourself all the way, by the end you are exhausted. You are running away from your feelings and you are self harming and leaving yourself feeling punitive. (Janet, Observation notes, Session 1)

Janet summarized, **“[u]ltimately this example indicates that the activity means nothing and therefore the activities that people engage in doesn’t tell me anything”**

(Observation notes, Session 1). Anita shared her new realization. “[A]ctivities can become routine. Activities can help you to avoid things that are happening or thoughts” (Anita, Observation notes, Session 1). Laura responded to Janet’s statement by saying, “you are not thinking of the feelings that are associated with the activity and that you are just thinking about getting out and doing something” (Observation notes, Session 1).

Leisure as a STATE OF MIND was the next term that Janet wrote on the whiteboard. She connected this concept to people’s motivations for engaging in leisure. Janet indicated that feeling “guilty”, “not . . . worthy” (Observation notes, Session 1) or needing to feel “productive” (Observation notes, Session 1) when engaging in leisure is not uncommon among past program participants in *Leisure Connections*. Janet continued to explain how a pattern of survival in childhood “was reliant on how well you could read the reactions of other people” (Observation notes, Session 1). She then described that, this pattern continuing into adulthood and the personal conflict associated with people pleasing:

When this is the pattern that you follow as you grow up, you don’t know what enjoyment is because you have never been taught. So what happens, you constantly do things to please others. Then you become resentful that nothing is ever about you and your opinion is not asked for. Finally when somebody does ask what it is that you would enjoy, you feel uncomfortable. (Janet,

Observation notes, Session 1)

While Janet described this process, she was moving quickly from side to side at the front of the room moving her hands quickly to emphasize her point. Her speech sped up and

she became louder and louder. The intensity of this quick movement caused one participant (not involved in the research) to shout **“STOP.”** Janet’s quick movements and high intensity were intensified by this individual as making her feel unsafe. Anita, Teresa and Laura nodded in agreement or responded yes as the individual explained the way they felt. Janet reminded people to **“ground”** (Observation notes, Session 1) themselves. She asked whether participants found this process familiar in the way they relate with others. Janet asked **“[D]o you find it easier to be by yourself”** (Observation notes, Session 1) and made the connection to isolating, questioning whether participants avoid choices made by others that leave them feeling empty. Laura and Anita both identify with this by saying **“I find it easier to be by myself”** (Laura, Observation notes, Session 1) and **“WOW!!! That is exactly my experience”** (Anita, Observation notes, Session 1), respectively. Teresa and Marion also agree by saying **“yes”** (Observation notes, Session 1) Janet continued the discussion with participants addressing topics such as **“survival”**, **“perfectionism”** and feelings associated with **“enjoyment”** (Observation notes, Session 1). For instance, Teresa said, **“I don’t know how to enjoy myself”** and she’s afraid **“of getting hurt”** (Observation notes, Session 1). Through these discussions with Janet, participants began to recognize these patterns as reenactments.

Janet wrote **“CHOICE”** on the whiteboard. She explained that **“the choice not to choose is actually a choice that can validate I am worthless when not self-nurturing”** (Janet, Observation notes, Session 1). Marion, Laura, Anita and Teresa nodded their head, acknowledging the statement. Janet continued, **“this choice actually acknowledges the people who hurt you and the fact is your actions are louder than your words”** (Observation notes, Session 1). Janet then explained the aim of the

following three sessions. **“We will be weaving these concepts [activity, state of mind and choice] throughout”** (Janet, Observation notes, Session 1).

Janet began the next discussion by writing **“internal”** and **“external”** on the whiteboard and asked participants to make a list of the possible motivations for participating in leisure. Participants created the list of external motivations which included, **“people pleasing or approval, obligated, expected, shame, guilt”** (Observation notes, Session 1). The list of internal motivations included, **“pride in me, accepting of me, relaxation and enjoyment.”** This initiated discussion with Laura regarding her motivation for gardening. She explained, it **“feels like sometimes I am tricked and I believe that my motivation is internal, but when I look at it, it is actually always external”** (Laura, Observation notes, Session 1). Anita & Teresa identify with this by nodding their heads.

Janet asked **“what feelings emerge when you connect to activities based on internal and external motivations?”** (Observation notes, Session 1). As participants responded, she wrote the responses on the whiteboard. Since many participants had indicated their leisure time was not internally motivated, Janet asked participants to **“think about how it might feel”** (Observation notes, Session 1) if their leisure experiences were internally motivated. Feelings about experiences that were externally motivated included **“resentment”, “anger and guilt”, “sadness”, “frustration”** and **“unmotivated.”** Feelings toward internally motivated experiences included **“sense of accomplishment”, “feelings of self worth”, “happy”** and **“pride.”** Janet asked participants to look at, **“the external feelings”** and added, that if **“these are what underlie your current leisure experiences then can you understand why these may**

not feel very appealing” (Observation notes, Session 1). In comparison she described that if leisure experiences were intrinsically motivated, participants would begin to feel good about themselves. All participants except Laura nodded in agreement. In her reflection card, Laura wrote **“I understand why my world came crashing down”** (Reflection card, Session 1).

During the interviews, Laura, Helen, Marion and Mary spoke specifically about how their changed understanding of leisure emerged from Janet’s dramatization related to the **“State of Mind”** discussion. Her enthusiasm and ability to engage participants helped them to delve deeper to understand their motivations and patterns in leisure. Laura, like Helen, commented on Janet’s enthusiasm and indicated her performance depicting the internal conflict that many participants identified with, gave the same felt experience she assumes others have when other people are around her.

[W]atching the . . . dramatization that Janet did the first day really was an opportunity for me to sit back and look at myself. And certainly experience the feeling of intellectually . . . I was able to put myself in other people’s shoes and look at me, and understand why I might be irritating to some people. OK, but when Janet did it and I sat and watched it, I was able to feel what people feel when they’re around me. Totally different. (Laura, Interview)

Like Laura, Marion spoke about Janet’s performance during the first session. She found it to be enlightening as she recognized this as a pattern that she experiences.

I was confused with the internal/external . . . because when Janet was explaining how your body goes back and forth . . . that’s what I was doing and I still had to really think about that . . . that was just a bit overwhelming for

me at the beginning cause I just couldn't get my mind straight on which way it should be, internal or external (Marion, Interview)

Although Marion was able to see this was a motivation pattern that she experienced, she was quite overwhelmed by the experience and was still not able to understand the change she needed to make when we spoke upon completing *Leisure Connections*.

Mary's description of Janet's dramatization during the first session were like those of Laura and Marion. The energy in this dramatization helped Mary to see the pattern she experienced in her mind. This portrayal, although not experiential in the sense that participants are actively doing something, certainly elicited a reaction and helped participants recognize their patterns.

. . . the first day when she [Janet] was jumping around and showing the intellectual side and everything and it was like, you know it was really good to see that cause it was like, that's what I'm like on the inside . . . And to see it portrayed on the outside and to be able to take it in . . . (Mary, Interview)

Participants related to the uncomfortable cycle that Janet portrayed. They described playing out the cycle of pleasing others, feeling resentful when their feelings or opinions were not considered, discomfort when asked what would be enjoyable, and finally, feeling tired as a result of this dizzying pattern. Janet's actions, words, and tone increased in speed and volume as she described the pattern and provided a dramatization of the process participants' experienced. The pattern that Janet depicted was experienced as overwhelming and even scary but elicited a felt response.

Session Two: Tug of War or Stance in Life

Anita, Marion and Teresa did not attend this session. There were four participants.

At the start of session two, Janet shared with the group her apprehension about the activity she had planned, **“I’m sitting with some concern right now because the activity that I had planned for today’s session works really well when everyone is here, with at least 6 people”** (Janet, Observation notes, Session 2). While she thought about what to do, she asked participants whether there was **“anything that is leftover or that stood out from last day. You may have noticed this in different areas of the program or in your larger life. I invite anyone to share these insights”** (Janet, Observation notes, Session 2). Laura began by describing what stood out for her. **“the internal/external thing and your performance. To be outside of myself and watch you – I know I do that sometimes”** (Laura, Observation notes, Session 2). She described her experience since the previous session of *Leisure Connections*, indicating **“I took a different road when the feeling came up”** (Laura, Observation notes, Session 2) but noted, **“I think that timing is everything. Two weeks ago I’m not sure if I would have come up with the same thing”** (Laura, Observation notes, Session 2).

Mary reflected on session one (at the beginning of session two), **“here in the program if you are chipper people recognize your improvements. With my family even if I am having a good time or fun I have to bring myself down to a lower level so people don’t think I’m better. They think you’re moving on”** (Observation notes, Session 2). Mary feared she would lose her connection with her brothers and sisters if she was experiencing enjoyment.

Janet then introduced the tug of war experiential activity:

[O]ften what I do in group 2 is what appears on the surface like tug of war . . . but it is actually an exercise in mindfulness. I will ask you to pay attention to your felt responses, so any of the thoughts and feelings that come up I invite you to share them as they come up (Janet, Observation notes, Session 2)

She added, **“I hope that you will see this as a metaphor for how it is that you connect to leisure”** (Janet, Observation notes, Session 2). The four participants, Laura, Helen, Mary and Participant A (who was not a study participant), were fully engaged in the tug-of-war exercises.

Janet laid a rope on the floor. Participants lined up along the rope in two groups facing each other, and picked it up. Janet said, **“when I tell you to, pull the rope just until you feel tension. Go ahead. What do you notice?”** (Observation notes, Session 2). The participant began to gently pull on the rope and it began to move back and forth in the direction of one group and then the other. When Janet asked what they noticed participants responded: **“I feel really grounded”** (Laura, Observation notes, Session 2), **“tension on the rope”** (Helen, Observation notes, Session 2) and **“I feel good”** (Mary, Observation notes, Session 2), **“I feel like I am going to win”** (Laura, Observation notes, Session 2), **“I have to hold on tight”** (Helen, Observation notes, Session 2).

Janet joined in on one side of rope and asked the participants on the other side, **“how does it feel when I am on this side?”** (Observation notes, Session 2). Responses included feeling outnumbered and **“this hurts and I can’t see the people on the other side”** (Observation notes, Session 2). She asked participants to release the tension, drop the rope and sit down in the chairs. Janet initiated a discussion that encouraged

participants to reflect on their position, stance and feelings that emerged during the exercise:

Paying attention to feeling and stance, oftentimes these parallel our stance in life. I have heard [from participants in other blocks of *Leisure Connections*] that balance is created by the tension on the rope and more specifically that safety is reliant on the tension from others because I know how to react.

(Observation notes, Session 2)

She continued with a summary of participants' discussion about their stance from previous blocks of *Leisure Connections* and their description of their stance and position along the rope. Describing approaches that are passive or a dig your heels in approach, she noted:

Sometimes people hold the rope very uncommitted which is similar to the way that they approach life . . . [others approached it] being dug down . . . that they lean so far forward that they feel like they are always ready to tip over. (Janet,

Observations notes, Session 2)

Janet also described that the position people choose in their line up on the rope (front, middle, back) can also mirror their approach in life. Janet notes that other people in *Leisure Connections* have explained that they:

choose to be the person in the lead because they need to see everything that's going on. In the past, their pattern has been that if something happens, 'I'm the first in the drink'. I'll be the sacrificial lamb in order to protect others . . . Some stand in the middle, no one notices me and I feel safe. In the anchor position there is no one behind me because I am the last in line. I act as an

anchor for people and others tend to rely on me. If I were to ask for support or help, it feels uncomfortable since I am the strong one, asking for help would show vulnerability (Janet, Observation notes, Session 2).

By sharing experiences others have described, Janet provided examples for participants to think about. She asks participants **“What did you notice? And how did it change when I joined your side or the other side?”** (Janet, Observation notes, Session 2) Taking care of others was something that Helen and Laura noted from their stance and follow-up discussion. **“I was in the back. There is nobody behind me and I’m alone now. I was in the front protecting mine for a long time”** (Helen Observation notes, Session 2).

Laura added, **“I always cared for everyone and now I don’t want to do that anymore”** (Observation notes, Session 2). These life patterns became evident from the discussion that ensued. Laura realized the cost of living this was that, **“I feel insignificant and not worthy”** (Observation notes, Session 2).

The exercise continued two more times while varying the exercise slightly (i.e., one side letting go of the rope and vice versa) all the while paying close attention to position. Mary indicated, **“I like being in the front . . . I didn’t think that I would like to have people behind me but when Janet got in front of me I hated being mediocre . . . I knew I had to do it [be the anchor]”** (Observation notes, Session 2). Participants’ feelings associated with letting go of the rope included feeling **“stressed. I felt like I was left with everyone’s crap”** (Laura, Observation notes, Session 2). Throughout the session, Janet encouraged participants’ to share their experiences as they emerged. This provided the opportunity to reflect on and process thoughts or feelings in the moment.

Following Session two, Helen wrote on her reflection card: **“1) I noticed that I am not able to make my own mind/my choice. 2) I feel nervous in relationships”**

(Reflection card, Session 2).

During our interview, Helen reflected tug of war exercise afforded her the opportunity to ground herself. Mary spoke about her realization **“that there was a deeper meaning to some really silly things that we were doing”** (Interview). Laura described, **“the feeling of letting go – I’ll never forget that feeling . . . it will be helpful for me when I get home . . . I can clue into what I’m feeling and recognize that I’m holding onto something that I have the choice to let go of, I will have that sense of what that felt like”** (Interview)

The next section describes participants’ experiences in session three. In an experiential activity that looked like pat-a-cake, Janet guided participants to reflect on interactions with people in their lives.

Session Three: “Giving myself the opportunity to learn the new pattern”

Laura, Teresa, Marion, Anita, Helen, Mary, and Participants A and B were present in session three. Laura was upset and left during the check-in prior to beginning the pat-a-cake exercise. The session began with Janet asking, **“For those who were here last session, I want to start by asking if there is anything leftover or that you would like to acknowledge or come back to? We were a small group last session with only half the group”** (Observation notes, Session 3). When reflecting on her experiences in session two during the check-in in session three Laura said,

I think about loss and what I mean is that I had a feeling of letting go when we let go of the rope [during the tug-of-war exercise] and then when we picked up

the rope and let go of it again, I remember being in touch with the feelings in relation to loss. I just wish I could let go [of the feelings]. I want to.

(Observations, Session 3)

Following reflections of the previous session, a second experiential exercise was introduced and Janet indicated the theme of **“letting go”** would reappear in this session. Participants were asked to sit in pairs and the pat-a-cake exercise was explained. Janet facilitated the discussion and highlighted the close connections between the patterns in pat-a-cake and patterns of communication in participants’ larger life. Janet asked participants to begin **“with the basic clap”** (Observation notes, Session 3) which she demonstrated. Participants continued with the basic clapping pattern for a few minutes and then Janet invited people to share their experiences. Anita noted, **“I had to concentrate on what I was doing so I didn’t make a mistake, and my arms hurt.”** (Anita, Observation notes, Session 3). Marion said, **“I wanted to sing [making reference to feeling light-hearted] and I felt Anita’s hands and they were warm”** (Observation notes, Session 3). When Janet asked if anyone felt silly, participants unanimously said **“yes”** (Observation notes, Session 3).

Helen had been partnered with Laura during this exercise. For Helen the experiential activity brought up a memory (re-enactment) of being hit in the face. Janet asked Helen to ground herself and gave her the time and space to do so. Laura added, **“I felt uncomfortable and I am feeling like I don’t want to do this”** to which Janet asked, **“what was strange or different about it?”** (Observation notes, Session 3). Laura described feeling afraid. **“I feel afraid of doing what I don’t want to do. I know that in groups we are required to participate.”** Janet reminded the group, **“this entire**

program is a choice, you are here and in this group by choice and you are not being forced to do anything” and Laura responded that she understood. The room became sullen and quiet during this brief dialogue.

Janet continued and explained that facing your partner **“can sometimes feel threatening or confrontational”** (Janet, Observation notes, Session 3). Janet explained that the basic pattern **“represents the traumatic re-enactments”** (Observation notes, Session 3). She added, **“avoiding self nurturing, isolating, struggling to enjoy things – you know the pattern so well because you can do it, but by gosh IT HURTS both physically and emotionally”** (Janet, Observation notes, Session 3).

Janet instructed the group to resume the basic clap, but this time one person would change the pattern. The group continued with the version of the activity for three minutes. Helen and Laura did not resume the exercise as Laura was crying. Helen leaned in to speak to Laura, but Laura stood up and left. The activity paused as Janet and Helen discussed who she would partner with as a result of Laura’s departure. Another participant (not participating in the study) offered to sit out, so Mary and Helen turned to face each other. The exercise resumed for another few minutes.

Janet then invited people to share their experiences. Teresa said, **“I was receiving the change and I thought, am I going to be able to get it right?”** (Observation notes, Session 3). Janet helped Teresa to recognize this as a familiar feeling **“I should have given myself the opportunity to learn the new pattern . . . why would I be wrong if I didn’t know what was coming?”** (Teresa, Observation notes, Session 3). Marion also found herself confused by the change of pattern despite the fact that she initiated the change, **“I was getting mixed up so Anita took the lead”** (Marion, Observation notes,

Session 3). Anita's experience in leading made her emotional **"I don't know what I feel. I'm crying . . . I can't believe I did that [very emotional and crying]. That's not me . . . maybe I just can't believe it"** (Observation notes, Session 3) or **"could [this] be a new side of Anita?"** (Janet, Observation notes, Session 3). Janet congratulated Anita **"on this assertiveness"** (Observation notes, Session 3).

Janet instructed participants to change the pattern again, but this time, before they initiated the change, to communicate the change to their partner. Helen indicated that **"I went slow so that I could catch on"** (Observation notes, Session 3). Janet continued, **"what happens if the changes we make are too complicated, do we become frustrated and overwhelmed"** (Observation notes, Session 3) and Mary and Anita both said **"yes."** Helen, Anita and Marion identified letting people down and Janet applied this to, **"a situation in our lives"** (Observation notes, Session 3). She suggested it is easy to **"project our feelings of fear and insecurity onto others"** (Janet, Observation notes, Session 3).

In a fourth rendition on this experiential activity, participants were instructed to change the pattern again. This time, they were to explain the change and demonstrate the new pattern to their partner first. During the debriefing participants noted, **"we got into the groove of it, but it took time"** (Teresa, Observation notes, Session 3) and **"I felt like I was working with her and when we didn't get it, it didn't feel like a mistake"** (Teresa, Observation notes, Session 3). Marion added, **"when I showed her and told her what I was going to do it still didn't work but we just started over"** (Observation notes, Session 3). Helen, Mary, Marion, Anita and Teresa described being less preoccupied and more relaxed. Janet summarized for participants that small changes,

communicated in advance would be more easily received and were more likely to be supported. This was acknowledged by Marion, Anita and Teresa. Janet concluded this session by asking the group:

did you notice that your arms didn't hurt the last time you made a change?

The change doesn't hurt the same way that the basic clap did. Do you think that if you were to make small changes that you would feel better in life?

(Observation notes, Session 3)

There was no time left in the session for participants to describe their responses to the statement. Instead, Janet distributed reflection cards for participants to complete.

Participants reflected on the pat-a-cake exercise. They all described a discovery about themselves. Anita spoke about her discovery that **"I was assertive . . . So that was the biggest . . . thing that hit me"** (Anita, Interview). On her reflection card, Anita had written,

I noticed that I actually was assertive without ever noticing it. I also realized that I have to communicate with myself or be aware of what it is I want to communicate before it is received properly. How can someone else change if I'm not sure what I want to change. (Reflection card, Session 3)

Helen spoke of feeling grounded just as she did when speaking about the tug of war exercise. Similarly, Mary did not have a reflection of the pat-a-cake exercise but rather found both this exercise and the tug of war – **"really silly things that we were doing"** (Mary, Interview) to have a deeper meaning. She added, **"you can . . . work through problems by having fun – like you can better understand your life."** Laura described that her experience in *Leisure Connections* was impacted by her experiences in other

groups earlier that day. **“It wasn’t really about the pat-a-cake as much as it was about what I brought into the room that day”** (Laura, Interview), she said. Marion used the term **“rediscovering”** (Marion, Interview) to describe what the experiential exercises helped her to do – to discover herself. Similarly Teresa reflected,

one of the things that I noticed was that there was a change. I was so hard on myself because I wasn’t prepared for the change and it really made me think about my reactions to a lot of things and . . . how is anyone going to know what I want or need if I don’t communicate it. (Interview)

She added, **“I don’t always express my feelings or communicate how I’m feeling or what I want or what I need. So that was really powerful for me”** (Teresa, Interview)

Session Four: “The more I gave away, the more I got in return”

Laura, Helen, Mary, Teresa, Marion and Participant B (who did not participate in the study) were present at the beginning of the session. Anita arrived four minutes late and all participants participated in the duration of the session. The final session of *Leisure Connections* comprised both the psycho-educational component as well as the experiential exercises. During the check in, Laura said, **“I just want to say that I am sorry that I missed the last session, but it felt good to make that choice to get up leave . . . it was the first time in my life where I really knew that it . . . was what I wanted”** (Observation notes, Session 4). Marion said **“the word guidance came out in my head after last session”** (Observation notes, Session 4). She became emotional because **“I never had the guidance that I have needed”**, realizing that **“I haven’t asked for guidance and if I did get guidance or someone did try to guide me I guess I rejected it.”**

Janet facilitated a discussion focused on what participants had done in their leisure time since entering the Program for Traumatic Stress Recovery, how they felt when they engaged in leisure, and what it might feel like if those feelings consistently occurred in their lives. She recorded all the responses on the whiteboard and helped participants to recognize they were already on their way to feeling **“peace”** (Marion, Observation notes, Session 4) and **“a sense of trust . . . for myself and others”** (Laura, Observation notes, Session 4), as examples. Janet asked, **“if you increased your healthy behaviours – try to capture what it is for you that would be different.”** (Janet, Observation notes, Session 4). Laura and Anita noted they would feel **“respect . . . for myself”** (Anita, Observation notes, Session 4), **“I would have respect for others”** (Laura, Observation notes, Session 4). Janet said, **“by tomorrow, today will be yesterday”** meaning that, **“if I were to do some of the things that make me feel like all the things up here [pointing to the whiteboard] . . . wouldn’t they be what I have done in the past?”** (Observation notes, Session 4) As leisure becomes more comfortable a history of positive feelings rather than discomfort and guilt associated with trauma would unfold.

Janet pointed out that this process of changing personal histories in leisure had already begun **“now my past isn’t just about trauma but now I also have evidence that I can take care of myself”** (Observation notes, Session 4). Janet asked how participants expected this to change how they viewed the future. Participant responses included the future would look **“brighter”**, **“I am important”**, **“I am loveable”**, **“I am worth it”**, **“I am a good person”** and **“I am deserving”** (Observation notes, Session 4). As participants were making these statements, Janet wrote them on the board. Janet said, **“I ask you to take a moment and look at the words in the board but look not with**

your eyes but with your heart” (Observation notes, Session 4). She paused for a moment of silence then continued, **“what would it mean if you were to feel this every day? Are you really listening to how your healing journey would be changed if your core beliefs were centered around all those things [points to the whiteboard]”** (Observation notes, Session 4).

The experiences and feelings presented on the whiteboard were evidence of participants change. Janet said, **“I want you to think back to how we arrived here. We came from asking you what you are already doing and this is what came up”** (Observation notes, Session 4). This was a profound moment of realization for many participants. Teresa said **“WOW”** (Observation notes, Session 4), Anita’s eyes welled with tears and Laura shot back in her chair. Janet concluded this discussion by saying, when you **“get discharged and go back to your lives and you get busy, stop and think about what’s a more productive or important use of time than doing something that makes you feel good about you?”** (Observation notes, Session 4)

At the end of the fourth session, the group engaged in a third experiential exercise, a bean-bag toss. The chairs were pushed against the outer perimeter of the room and participants stood to create a wide circle. The group began with one beanbag which was passed in a star pattern and in the same order around the circle. Once the pattern was established, Janet continued to add one additional beanbag at a time until there were approximately 12 beanbags being tossed around the circle. The bean bags were continuously moving around the circle. Participants quickly caught and then threw the bag to the next person in the sequence. As the pace began to speed up, participants found themselves dropping bags, but as they attempted to pick up the fallen bags, the bags

continued to fly. During the exercise, Janet suggested that when engaging in an activity that is enjoyable, the focus is not on past experiences but rather on the present. She concludes by saying, **“we’re not saying that the past is gone but when you are present you’re not in the past and then it doesn’t have the same power over you”** (Observation notes, Session 4). Complete silence fell over the room and all participants were attentive to Janet – almost fixated staring at her.

Similar to the previous three sessions, the opportunity was available for participants to share and process their thoughts or feelings as they emerged. Participants described, **“I felt like I belonged, like I was part of something”** (Anita, Observation notes, Session 4), **“[I felt] lost, I dropped a bunch of them”** (Mary, Observation notes, Session 4), **“I liked the feeling that the balance of coming and going . . . the more I gave away, the more I got in return”** (Laura, Observation notes, Session 4).

Upon completing this session, Marion and Teresa wrote similar reflections **“I became aware putting words to feelings – that I can take control of my life and be ... in the Present and ... I will have a positive history”** (Marion, Reflection card, Session 4). Mary commented on Janet's energy combined with her inclusive practice of asking for responses from specific people which ensured participants had opportunity to engage in the sessions. **“I think that Janet was really good at teaching it and to use metaphors, and that it wasn’t writing on the blackboard and sitting there and kind of zoning out type . . . She helped everyone get involved.”** (Mary, Interview) She added, **“... otherwise I might not have said anything”** (Mary, Interview)

Opportunities for Understanding Leisure in the Program for Traumatic Stress

Recovery

In addition to *Leisure Connections*, participants also had the opportunity to participate in Play Shop and Craft Zone within the Program for Traumatic Stress Recovery. While these groups provided opportunities to experience leisure within the Program for Traumatic Stress Recovery, as participants described, *Leisure Connections* contributed to their understanding of leisure in a very different way.

Play Shop is an open, drop-in session held on Monday evenings after dinner. It is a mandatory session for participants in Program for Traumatic Stress Recovery completing assessment week. In addition, anyone in the Program for Traumatic Stress Recovery is welcome to attend. The group is facilitated by Recreation Therapists with, Janet Griffin being one of them. During this hour-long session, participants assembled in the gym and are able to select an activity to engage in for the first 45 minutes. Equipment available includes treadmills, stationary bikes, foosball tables, ping pong tables and pool tables. During the last 15 minutes of the session, the group returns to the gym to engage in a beanbag toss, similar to the one in the last session of *Leisure Connections*. Play Shop provides participants opportunity to reengage in, or try, leisure activities, to connect with other people, to get moving and simply to play. Play Shop was described as fun where physical activity and social connections were encouraged. This helped participants to clear their minds of the work that they had done throughout the week. When participants described Play Shop in the Program for Traumatic Stress Recovery, they noted it **“releases all the tension that you had from the day.”** As Anita described, **“[Play Shop] got the heart rate up and it was a lot of fun doing it but – so it was kind of like**

that hour ok everything else was gone” (Interview) Laura recognized that Play Shop helped her to begin to **“start doing things again, and laughing and not fighting the laughter”** (Interview).

Craft Zone is a, drop-in group, open to anyone who chooses to participate. It is held on Tuesday and Thursday mornings and the sessions are an hour long. They are mandatory for participants in Program for Traumatic Stress Recovery who are completing their assessment week. Craft Zone provides participants with opportunity to engage in numerous creative pursuits including, ceramics, leather work, and painting. Participants’ described Craft Zone as an opportunity to relax, keep busy, or practice leisure again. During the interviews, several participants described using Craft Zone to **“escape”, or “decompress.”** As Teresa described, **“you’re . . . on your own in your creating something”** (Interview). As Laura noted:

as I sat in Craft Zone I never had an experience of, “Oh, I see how I am feeling doing this craft relates to my life” . . . I didn’t take anything away that really I’m finding helpful in relating to my life. (Interview)

The common experience described by participants was of relaxing and beginning to practice leisure again. Laura described that Craft Zone kept her hands busy and engaged her in a specific leisure activity. The opportunity for leisure was a break from her emotional processing.

Many participants described, *Leisure Connections* as having facilitated a deeper understanding of leisure and of themselves in comparison to Play Shop and Craft Zone. During *Leisure Connections* there were many epiphanies or **“ah ha moments”** (a phrase used by Anita, Laura, Mary and Teresa). As Teresa described, in comparison with Play

Shop or Craft Zone, in *Leisure Connections* **“you’re actively involved and you’re really getting something out of it”** and **“[Leisure Connections] gives you a sense of awareness that you’ve never known before”** (Interview). Marion described other leisure activities and groups as relaxing which is a contrast from her *Leisure Connections* experiences. **“It [Leisure Connections] gives you a sense of awareness that you’ve never known before.”** In contrast, Play Shop or Craft Zone experiences were focused on relaxation, **“[Y]ou’re thinking as you’re doing ping pong or you’re doing the beanbags . . . but that just releases all the tension that you had from the day. And you don’t think about anything else”** (Interview). Anita added, **“I can just imagine if I would have had *Leisure Connections* before going to playzone, it wouldn’t have been ok, [feeling] down, depressed go to play activity, have fun and then it’s over now I guess back”** to feeling **“like crap again”** (Interview).

This chapter described the processes occurring in *Leisure Connections* group based on observation, interview and reflection data to provide rich context for participants’ healing journey. Chapter Four presents specific themes that emerged to describe participants’ understanding of leisure.

Chapter Four: Findings

Chapter Three addressed the first research question—How does *Leisure Connections* provide a context for healing? The purpose of this chapter is to explore research question two—How do participants’ understandings of leisure change as adult survivors of trauma experience *Leisure Connections*?—and three—What is the connection between leisure and healing?

Using an interpretive grounded theory approach to data analysis, nine themes emerged (see Figure 4) around a core theme *Growth and Connections*. The themes are presented in this chapter in an order stemming from the flow of the content of the themes; however, this does not imply that the themes exist in linear sequence.

The theme, *Responding to Trauma in Leisure*, described leisure experiences participants had before arriving at Homewood. The theme, *Letting Go of Familiar Coping Patterns and Opening to Joy*, described participants’ newfound experience of joy and feelings of discomfort associated with changing behaviour patterns. The theme, *Being in the Moment of Small Steps and Simple Things: Letting Go of Being Perfect and Future Worries*, described ways participants planned to move forward and incorporate leisure into their life. In the theme, *Exploring Leisure and Self Nurturing: Changing Understandings of Self*, participants’ described the necessity of caring for oneself and the theme, *Reconnecting with the Body: Experiencing Deeper Reflection and Awareness*, described how leisure facilitated self-reflection among participants. The theme, “*Listen to your voice*”: *Shifting to an Internal Motivation*, described participants’ awareness of their reason for engaging in leisure activities which was other-centered and how they envisioned this to shift to internal motivation and a focus on self. The theme, *Choosing:*

“Catch the bag or not”, described participants’ discovery of free choice and in the theme, *Reconnecting with Others in Leisure*, participants described a shift from excluding others from their leisure to wanting healthy relationships in leisure. The theme, *Balancing Life with Leisure*: “It is what brings balance, leisure is what ultimately gives you passion in your life”, described participants’ need to include leisure in their life to have enjoyment and balance. Each theme is described in the following sections and the overarching theme, *growth and connections*, is discussed at the end of the chapter.



Figure 4: Leisure and healing from trauma following *Leisure Connections*

Responding to Trauma in Leisure

Participants had varied experiences with leisure before arriving in the Program for Traumatic Stress Recovery. Throughout the *Leisure Connections* sessions and interviews, participants described connections between their leisure experiences and managing trauma. With reference to their previous understandings, they described leisure as merely a word with no felt meaning, not making room for leisure, approaching leisure with an expectation of perfection and control, using leisure as an escape, and taking care of others in leisure time.

Leisure Was Just a Word, or Relaxation, Not a Feeling

Leisure for many participants was not a concept that had a specific feeling associated with it. They described not having a full understanding of leisure. For example, Marion described that for her, leisure was previously **“just a word”** (Interview) and she added **“not really connecting”** (Marion, Interview) the word with feelings of relaxation. Other participants had a perception about leisure being relaxation as Teresa stated, **“I thought leisure was about doing things that were pleasurable or relaxing, doing things that I enjoy doing”** (Interview). For others, their understanding of leisure lacked a connection to a specific activity they found relaxing, **“I’ve more thought about it as relax . . . So I never really put it to an activity or a feeling”** (Anita, Interview)

Expansion of Work Leaves No Space for Leisure

Participants described creating situations where their time was filled with obligations. This left no space for leisure or enjoyment. Participants’ not only filled their time but also placed expectations on themselves to attain perfection and remain in control at all times. For many, the lesser emphasis on leisure was often connected to extreme

patterns of work activity. Like many participants Anita described, **“my whole world was work. I worked 2 jobs or I’d go to school and work”** (Interview). In both the interview and in the *Leisure Connections* sessions she noted that, **“I didn’t have leisure time at home.”** and **“I had no leisure activities or nothing that I really did”** (Anita, Interview).

For other participants, the pursuit of many leisure activities changed the nature of the leisure experience so that it became work like. Mary described participating in many activities **“Drawing . . . painting. A lot of music, playing guitar and church related outings . . . and volunteering with different things”** (Interview). She added **“I just really didn’t see it as leisure and taking time for me, it was just oh, I gotta do something and then once I get into it you know I get really into it”** (Mary, Interview).

Teresa’s social interactions in leisure were limited to once per year when family came together, at holidays for instance. **“To me you only did that [play games] at Christmas because . . . you weren’t at work, you were with family, you were with other people, and you played games and that was always so fun”** (Interview).

In Search of Perfection and Maintaining Control in Leisure

For many of the participants, leisure was connected to their ongoing pursuit for perfection and control. Anita described that, **“I have to do things so extravagantly and do it all perfectly or [I] just don’t do it at all”** (Interview) and over time, this pattern has lead to a feeling of failure, **“I just have to . . . constantly prove and then it got to the point that the bar was so high that I just kept failing and failing”** (Anita, Interview). Some participants linked this quest for perfection to issues of control. Marion spoke extensively about her need to maintain control and her reaction when she was

offered assistance: **“I realized in the pat-a-cake [exercise] what I always do in my life, I take charge . . . and it feels like I’m in a safe place”** (Interview). For Marion this awareness emerged during the pat-a-cake experiential exercise in which she recognized that **“if . . . someone did try to guide me, I guess I rejected it . . . I don’t know how many times I said to somebody, I don’t need your help”** (Interview). This awareness Marion described as **“very painful”** (Observation notes, Session 3), as she further described: **“I became emotional because I have never had the guidance that I have needed . . . I was going to survive on my own”** (Observation notes, Session 3) and **“If I had asked for help maybe I wouldn’t be in this place”** (Observation notes, Session 3).

Participants’ described their need for perfection and to remain in control. In doing so, some participants described using leisure as a way to disengage from social leisure or as a way to avoid their own thoughts and feelings.

Leisure as the Door to Escaping, Withdrawing, and Isolating

A few participants described that in the past they used leisure as a way to escape. For Mary, **“leisure always used to be about escaping my problems and not really trying to work them out through a different way”** (Interview). Similarly, Anita, Laura, and Helen described activities they engaged in alone and how this helped them to escape their thoughts. As Laura described, **“[P]laying computer games wasn’t leisure as much as it was escape”** (Interview). Similarly Helen noted that, **“Bingo was . . . not thinking about the negative stuff in my mind and my home environment”** (Interview).

Before entering the Program for Traumatic Stress Recovery, participants described having limited social interaction with other people. Leisure also provided participants

with an escape from being with other people, or isolating. Helen and Laura described isolating themselves from others. Helen described that when she watched television, **“I was isolating”** (Interview). Helen continued, stating, **“I think that the only time that I had leisure was when I went out on the land . . . and picked berries so I didn’t have to be there in an unhealthy environment”** (Interview).

As the participants described, the patterns of escape and isolation through leisure was connected to a larger pattern of withdrawal. Anita described, **“Before I got here [Homewood]. . . I watched Ellen, The View, I really didn’t do a whole lot”** (Interview). Laura also recognized the choices she had made before entering the Program for Traumatic Stress Recovery: **“I was quite aware that, that was a choice that I had stepped out of life”** (Interview). She explained:

I’d chosen not to do it [leisure] anymore. I had chosen to step out of life and all that that meant. I didn’t cook anymore, I didn’t do anything. I didn’t see people, I didn’t go to the gym, I didn’t volunteer at school . . . I didn’t see my family, I didn’t answer the telephone, I didn’t answer the front door, didn’t send Christmas cards anymore. I mean I’ve done all the things . . . do I know what I lost? Was I conscious of it? What I had given up? The sacrifice I made? Sure. Absolutely. No question about it. There’s never a moment that I didn’t have an understanding of what I had done. (Laura, Interview)

Similarly, Laura commented that she made the choice to stop engaging in leisure, **“there’s been times in my life where I have no problem whatsoever doing social activities and having fun and laughing freely. . . I know I’m capable of doing it [leisure] I have just made the choice to stop doing it”** (Interview).

A Focus on Caring for Others and Meeting Expectations

Some participants described their experience of leisure had been hindered by time spent caring for and supporting others. Laura explained that much of her leisure time with her husband was spent supporting her children. **“[M]y husband and I went to all of my son’s and daughter’s soccer practices and soccer games, all of my son’s hockey practices and hockey games”** (Interview). Laura described her pattern of presenting a different self to the world. **“I didn’t want to do the groceries because you know, I’m going to put my mask on when someone says . . . how are you today I was going to have to respond, ‘oh, I’m fine’”** (Laura, Interview). Teresa did not elaborate on her experience but described her challenge connecting with others, **“[I]t’s really been hard for me to socialize”** (Interview).

Teresa described planning so that everyone could enjoy the leisure event, but then not enjoying it herself, **“I always did the planning and what not and I would be the one sneaking out the back door because I wouldn’t be able to enjoy it . . . I was always doing it for someone else”** (Interview). This was echoed by Marion, **“[p]arty planning I enjoy, the planning, I enjoy making [people] smile. Why cannot I sit and enjoy the party”** (Reflection Card, Session 2). Similarly, during the tug-of-war exercise Helen recognized the connection between her choice to be at the front of the rope and relationships in her life: **“I was in the front protecting mine for a long time”** (Observation notes, Session 2). She recognized this pattern was not helpful for her healing and added, **“I used to help everyone and now I don’t”** (Helen, Observation notes, Session 2).

Anita said, **“to make friends with other people or to belong to something I always had to be somebody that I wasn’t. So I never really got a chance to be me . . .”** and in **“every different group I was a different person . . .”** (Interview).

Participants described never feeling they could be themselves in their leisure time. They described filling their time caring for others and in the next section describe their focus on others in their leisure activities.

“I was almost like a robot just doing what I thought I was supposed to do”

Many participants described engaging in leisure because it was what they thought they ought to do, or what was expected of them. When describing leisure experiences before beginning the Program for Traumatic Stress Recovery, participants described thinking leisure was something they were expected to engage in. Marion described her leisure experiences in the past. **“[F]or all those years that I was not connected, I was almost like a robot just doing what I thought I was supposed to do . . .”** (Interview). Marion defined leisure as a societal expectation: **“Leisure to me I guess was just something that you had to do because maybe society said you have to do it and if you don’t do leisure than people will look at you . . . what’s your problem?”** (Interview).

For Anita, leisure had been defined by what other people such as her husband wanted to do. Anita spoke about tennis, **“sure I could have just kept going on . . . playing tennis just cause . . . I was just doing it for him [husband]”** (Interview). She added, **“whatever you [husband] want to do I’ll do because I don’t know what I enjoy”** (Anita, Interview).

For other participants, leisure pursuits were driven by what they perceived to be expectations around health. Laura recalled feeling discontent with her experiences in leisure because she was doing what others indicated leisure to be. **“I’ll go to the gym . . . 5 days a week – oh shit I only made it 4 days so I just won’t go at all anymore . . . that’s not pleasurable”** (Interview). She berated herself for not going on the days she had planned. **“[I]n the past I would have recognized that as leisure, well everyone says it’s supposed to be good for me. Ok, I’ve gone 30 days in a row, when’s the feeling going to change?”** (Laura, Interview). Regardless of her commitment to her leisure activity, positive feelings others described to be associated with the leisure activity, never emerged for Laura.

In Teresa’s leisure time, she focused on her trauma and engaged in therapies recommended to her by her physician. Leisure became a supplement to therapy but as she described this did not have the same nurturing quality for her: **“I would listen to music for meditation, I was doing some light therapy but . . . It wasn’t . . . doing things for me to make me feel special or self nurturing”** (Interview).

In this section participants described strategies for coping with trauma during their leisure time. They described filling time with work to avoid leisure or using leisure activities as a means to escape from thought, feelings, or social activities. The quest for perfection, taking care of, and making choices in their leisure time for others were also described by participants. In the next theme, participants spoke about their new experience of feeling enjoyment and letting go of coping mechanisms they had relied upon.

Letting Go of Familiar Coping Patterns and Opening to Joy

In *Leisure Connections* participants described discovering creativity and joy in leisure. Some participants described that challenging old patterns often felt uncomfortable, and others described an awareness of thought and feeling coming together. Some participants found a way to **“let go”** of previous patterns despite the fear associated with letting go of the familiar. Others described feeling overwhelmed by incorporating change into their lives. When discussing her new feelings of hope for change and all that was involved with making changes, Anita described her fear of letting go when she began to process her trauma because **“that’s all I know”** (Interview) and **“I don’t know if I want to let go”** (Interview). Marion’s leisure experiences now feel **“uncomfortable”** (Interview) and **“tense”** (Interview) as she was conscious of staying present and attentive to her activity, her surroundings, and her body. Laura made a conscious decision that she did not want to continue the pattern of avoiding feeling and managing the situation.

I don’t want to carry . . . this burden on my back. I don’t like how I’m feeling right now . . . I have a choice and the choice is I can hold on, keep those feelings or I can let go. And when I have the thought I’m going to let go, the feeling and the thought match (Laura, Interview).

Leisure Connections gave Laura opportunity to experience this process. She described making a choice to experience the feeling rather than trying to change the situation to avoid feeling.

Teresa described the intensity that emerged from letting go. **“You feel like you are participating and you feel like you are involved and it’s like a sense of letting go [of**

inhibitions] and . . . just sort of having fun and not being so wound up” (Teresa, Interview). Although some participants had glimpses into what it felt like to be able to let go and experience joy and creativity they described the challenges that trauma poses for leisure. Mary indicated that the way that she perceives leisure is dependent on her **“moods . . . if I’m feeling guilt or shame that day”** (Interview). She explained that her leisure experience changes frequently in concert with her moods making her leisure experience somewhat unpredictable. Helen described that when she **“let the trauma out”** (Interview) she had space for experiencing pleasure in leisure:

I had time to work on it [trauma] through process [group] and feel better about letting it [trauma] out and . . . that empty spot is now filled with things that I could do with my leisure and have pleasure in it. (Helen, Interview)

As participants engaged in leisure experiences in the Program for Traumatic Stress Recovery, they discovered that being creative was something they enjoyed. Marion changed the way she engaged in leisure and was participating in Craft Zone. **“[W]hen I first started . . . I refused to do anything, I just sat there . . . I didn’t think it was meaningful and I didn’t think it was relaxing, I didn’t think it was anything . . .”** (Marion, Interview). However, she made the choice to engage in the group and discovered that **“I like being creative”** (Marion, Interview). Anita, Teresa, Laura, Helen and Marion described experiences where they discovered the ability, to or had the experience of, engaging in leisure. Anita took joy from her newly discovered leisure, knitting. **“Rather than doing something just to do it”** (Interview) Anita intended to **“to sit with it and enjoy it”** (Interview), **“’cause that’s the whole thing is trying to find joy and connection to my life that I haven’t had”** (Interview). She sees the **“big**

picture of enjoying life” (Anita, Interview). She said, **“doing things that I enjoy and doing things for the right reasons and really being aware of myself and my feelings as far as enjoyment”** (Anita, Interview). Helen described what it was like to experience joy in *Leisure Connections*, **“I’m so tired. I’ve been going through trauma for like 34 years, so I feel like I’m just starting to rest and I feel like I had a good time in it [Leisure Connections]”** (Helen, Interview). She also described challenges she has when returning to address her trauma issues, as she stated, **“but when I come out of it I have to struggle to be in the now”** (Helen, Interview).

After participants connected with this feeling of joy in *Leisure Connections*, they were able to explore it further in other aspects of the Program for Traumatic Stress Recovery (PTSR). In particular, several participants described grappling with an awareness of the things that prevented them from experiencing joy and beginning to work through these challenges. Specifically, challenges described in new leisure experiences were, caring for others, being productive in leisure, and feeling overwhelmed about changing. For example, while planning for the weekly graduation ceremony for people leaving the Program for Traumatic Stress Recovery, Marion described her growing awareness that she had lost a connection to her own sense of joy and once again becoming focused on other people, **“I didn’t practice . . . the leisure connection . . . to enjoy. I was more worried about everyone else”** (Interview). However, she described being able to recognize this and change her experience before the party was finished, **“BUT that was for the first hour . . . then once everything was done, ok well I’ll just chat and laugh and whatever. Then I was fine”** (Interview). *Leisure Connections* also helped Marion to challenge the emphasis she had placed on being productive during her

leisure time. She described an experience she had while using a treadmill in Play Shop: **“you know how they count on the treadmill how many calories you are burning and how far you’ve gone . . . I took that right off . . . I said no, no, no, let’s stop this so I took it right off”** (Interview). This was the first experience that Marion described where she recognized her old pattern of need to be productive in her leisure time and made the conscious decision to change how she was reacting in the moment. As Anita began to better understand components of her healing journey she questioned whether every thought or activity was going to require the processing she experienced at Homewood. In the interview with me she exclaimed, **“holy crap! For me to do any little thing I’m going to go through this whole thought process . . . do normal people do this every day?”** (Anita, Interview).

All participants described the experience of joy – either a thought or a feeling or what the process of letting go felt like. In the next section participants’ described a shift in thinking to focus on the moment and acknowledging the steps that will lead to large-scale changes in their lives.

Being in the Moment of Small Steps and Simple Things: Letting Go of Being Perfect and Future Worries

Participants began to think differently about their leisure and how they define it. Some participants spoke about shifting away from worrying about the future, seeking perfection, taking pride in **“simple things”** (Anita, Interview) and not having others’ definition of leisure imposed on leisure experiences. Anita recognized it was not necessary or helpful for her to focus on what will happen in the future. As she stated, **“I don’t have to look at the big picture right now . . . it’s one day at a time . . . I’ve got**

to start looking at everything around me” (Interview). When Laura spoke about her upcoming trip home for the weekend, she recognized her daughter was interested in her advice and assistance rather than needing her to be perfect:

this weekend . . . I’m going to find myself trying to make things perfect, and I’m going try really hard to stop myself . . . just let it be . . . because [Sarah] isn’t going to like you any more or any less because of the piece of art that isn’t on the wall. It’s going to be hard but I’ve been thinking a lot about it and it’s an opportunity for me to just be (Laura, Interview).

As they moved beyond worrying about the future and being perfect, participants spoke about activities they could enjoy on a daily basis that they previously thought were mundane. Reflecting on the psycho-education component of the last session of *Leisure Connections*, several participants noted the importance of leisure being the **“simple things”** and the **“small steps.”** Anita said, **“I saw all the stuff on the board there [positive feelings] and just thought yeah, that’s the simple things, just look at the simple things and then step by step, baby steps”** (Interview). Anita spoke extensively about moving beyond her perfectionist pattern for a new experience, **“it’s ok to do the simple things and take acknowledgement for the simple things and the rewards for the simple things”** (Interview). As a result, Anita found herself hopeful for her future, **“WOW . . . that’s something I can work for [sigh of relief as spoken] . . . it’s kind of like this bright side”** (Interview). Now Anita wants to live a **“. . . leisurely life”** (Interview), which for her means **“taking it one day at a time but really enjoying every step”** (Interview). She used the example of cooking dinner. **“You know, it’s something that I can enjoy but you know really look at how I am feeling when I am doing it”**

(Anita, Interview). Similarly, Laura also focused on simple activities and described the importance of **“being in the moment”**:

my goal for when I get home is to get up everyday and shower and get dressed and cook supper 7 nights in a row. And . . . that’s it, that’s my leisure activity . . . so get back in that moment and that will be leisure (Interview).

Several participants began to re-examine how they understood leisure. Mary described that as a result of *Leisure Connections*, her experience of enjoyment was now associated with her connection to an activity rather than the activity itself. She explained:

I’ve learned that you can take a situation and make it into leisure time . . . even a simple going out for a coffee with a friend . . . you know, decompress what’s going on so that can be considered leisure, something that you like to do and you enjoy (Mary, Interview).

Participants described a shift in their patterns – either in their thoughts or in their actions. They described changes in their reasons for engaging in activities and what they expected the activity to give them. Through this process of being attentive in the moment, participants were able to better understand self-nurturing and the role it played in their healing journey as described in the section that follows.

Exploring Leisure and Self Nurturing: Changing Understandings of Self

As participants began to focus on the simple things, they began to make the connection to how they think and feel about themselves. Some participants began to understand connections between leisure and nurturing self. Teresa discovered that, **“there is a really big connection between self care and self nurturing and doing things for me”** (Interview). Teresa’s eyes filled with tears as she described her realization that she

has not done things to enjoy herself in a long time. **“I haven’t really done anything for me in a really long time”** (Interview). She added, **“you don’t really realize what you are missing until you see it or are exposed to it again and enjoy it”** (Teresa, Interview).

As the participants described, their experiences in *Leisure Connections* helped them to see that small experiences of enjoyment contributed to feelings of self-worth. This was also described by Anita:

me as a person, it helped me recognize a lot of things and how I can do simple things to change how I feel about myself or myself as a person . . . it takes those little things of enjoyment to change myself. . . and that was my main thing was to learn to love myself here. . . to have self-worth and that’s why that connection with leisure was . . . wow! (Interview)

Helen and Anita described that while in the Program for Traumatic Stress Recovery they had begun to include leisure in their lives as a way of self nurturing. During the interview Anita described the connection between leisure and self-nurturing with excitement:

they both [self nurturing and leisure] really are connected . . . I can kill two birds with one stone [laughs] . . . For self-nurturing, like even going tobogganing like that’s going to break that old habit but yet I am going to be self-nurturing ‘cause that’s something that I really want to do . . . that’s a leisure activity that I’ve wanted to do for so long but now I can connect to it the right way and help self-nurture myself by doing it (Interview).

Anita then described that she had developed a new goal in leisure. She stated, **“now I’m going to look for every little bit of it and how does that help me . . . rather than just going to play baseball or something. It’s just going to look in depth”** (Anita, Interview). She added, **“time is precious to me”** (Anita, Interview).

Like Anita, Helen also described having a stronger sense of herself, stating, **“I know that I’ve been built up a lot since I’ve been here [PTSR], I’ve got lots more self-esteem and I know that I am a good person and I’m strong in myself”** (Interview)

Consequently, Helen noted she no longer needed television as a distraction. As Helen described, **“beading is really good because I had a really hard process this morning and my heart is aching and I feel like I have been hit. Beading, I don’t concentrate on negative, I just think some positive”** (Interview). Beading is an activity that Helen enjoyed and she used it to help her to be present rather than dwelling on her memories or her experiences in process group. It helped her to care for herself and heal rather than simply creating a distraction as she would have done in the past.

For Laura, self-nurturing involved setting better boundaries around an activity and staying focused on her own needs. Laura described the experience she had during an afternoon of free time:

Yesterday I went shopping by myself and I was conscious about walking slowly and taking my time and setting a boundary that I was going to leave at a certain time . . . although you have a sense of there’s things you need to get done before you leave here . . . you worked really hard this morning and now

it's time to go and do something else. And when you do that something else it's going to clear your head and . . . (Interview)

Participants described seeing a connection between self-nurturing and self-care and, feelings of self worth and increased self-esteem emerging from participation in *Leisure Connections*. Additionally, the opportunity to set a boundary and honour it was an achievement. These experiences also created the opportunity for the emergence of mind and body awareness, as described in the next theme.

Reconnecting with the Body: Experiencing Deeper Reflection and Awareness

During *Leisure Connections*, experiential activities asked participants to explore feelings and perceptions at various points during the activity. As many participants described, this helped them to discover that reflecting on their leisure brings an awareness of a deeper meaning, and a body and mind connection. This self discovery allowed participants to react differently, for instance being more assertive or grounding. Marion commented, **“Janet would ask us to stop and think what you were actually getting out of it, it's not just pat-a-cake or bean bags, you'd have to sit down and maybe discover yourself, rediscovering”** (Interview)

For many of the participants, *Leisure Connections* helped them to explore the dissociation or numbing that has been a significant aspect of their leisure experience. As Anita described, **“the way I was living . . . that was scary as hell it was just more numb”** (Interview). As participants moved through *Leisure Connections* many described a reconnection of emotion and sensations in the body with thought. Marion described, **“I guess I'm connecting with my body too. My emotions, my feelings – to say oh, that's beautiful or that's ugly, whatever it may be”** (Interview). Marion described she now

has an increased understanding of the connections between feelings in her body and thoughts occurring in her brain. As she described, **“what you can take from doing something that can actually take you into another part of your mind and your brain and realize what’s going on”** (Marion, Interview). Similarly, Laura noted that *Leisure Connections* provided her with an opportunity to make that connection, **“what *Leisure Connections* did is give me a sense of what it’s going to feel like when the thought and the feeling meet up again”** (Interview) and she noted this would take more time to unfold, **“I don’t feel it all the time right now because that’s going to come with time and practice”** (Laura, Interview).

For Helen, Laura, and Anita reconnection of thought and feeling made it possible for them to envision reacting differently. Helen’s experience with the beanbag toss exercise led her to discover that she was taking her anger out on others who were undeserving. The **“first time with that beanbag throw, I was throwing really hard because I was angry inside”** (Helen, Interview). Upon reflecting, she realized that people in *Leisure Connections* were **“not the people that I am angry at and I had to look into myself to see why I was angry”** (Helen, Interview). For Anita, the pat-a-cake exercise enabled her to understand communication and to experience herself being assertive. When engaged in the exercise with Marion, she unconsciously took the lead and changed the pattern when Marion was initiating the change and got confused. When reflecting on the experience during the *Leisure Connections* session she said, **“I can’t believe I did that [very emotional and crying]. That’s not me”** (Marion, Interview). During the interview she commented, **“[W]ho would have thought pat-a-cake would have brought out assertiveness you know. So now there’s a deeper meaning to it”**

(Marion, Interview). During our interview, Anita's reflected on her experience in *Leisure Connections* and noted that for her the connection between thought and feeling has made it possible for her to verbally respond to other people:

I really feel that, and I said it. . . I felt it, not just a thought process but wow that actually came out of my mouth. . . I have it [knowledge] all up here [in my head] but to actually sit here and say it has made a huge difference (Anita, Interview).

Similarly, Laura described she has, **"learned to recognize what my feelings are and the effects of the feeling, what am I going to do with it as opposed to the situation"** (Laura, Interview). This change was also reflected in Laura's experience with the tug-of-war exercise in *Leisure Connections*:

And then picking it [the rope] up again . . . I had a sense of . . . I'm not ready to let go . . . it's when the thought and the feeling came together . . . my feeling's telling me don't let go, my thoughts telling me don't let go . . . it's hurting my hand but that's OK, because nobody's going to tell me what to do (Interview).

Laura also described an experience she had during the pat-a-cake exercise that changed the way she understood how she interacted with her husband. She described her experience:

Usually I go off and get defensive. In that moment I felt the feeling and I saw in my head my usual performance so instead I stopped and breathed. I responded by asking myself, "what's that feeling and what do I do about it?" It really happened because I am seeing how I have done things differently here

– I was seeing the future. I have the ability. I can change. I want a future. If I am looking after the feeling and not the future, that’s what’s going to change the feeling. . . I took a different road when the feeling came up (Observation, Session 2).

Helen described her experience with the pat-a-cake experiential exercise, **“I felt her warm hands on my cold hands. Then it felt like I got slapped in my own face – it triggered a memory from my past”** (Interview). In response to Helen’s experience Janet asked, **“And what is your felt response or what is the emotion?”** (Observation notes, Session 3). Helen responded, **“fear”** (Observations, Session 3). Helen later noted in the interview that she had been able to stay with the emotion, **“I found that it’s [Leisure Connections] been very helpful for me . . . I found positive ways to . . . ground myself so that was pretty good for me”** (Interview).

Participants not only described the experiences they had in leisure but went on to envision how this deeper awareness of connection between mind and body would benefit them when they left Homewood.

“Listen to Your Voice”: Shifting to an Internal Motivation

As participants began to identify ways their leisure choices had been defined by their desire to please others, they began to focus inward to understand their own needs and desires for their leisure time. Laura was excited to listen to her own voice and said, **“if I choose to get caught up in, that needs to be cleaned up or . . . rearrange the decorations on the tree because the kids did the decorations on the tree . . . then I’m not paying attention to the internal”** (Interview). Laura reflected on her previous patterns and her new understanding of the motivation behind her holiday entertaining.

I knew what it [leisure] was and I knew what the importance of it was and. . . what has changed for me is my reason for doing it. . . instead of having Christmas at my house and going to all the trouble to make sure that I had the perfect gift for everybody. . . at any cost. . . making sure that my house was the most beautiful . . . making sure that I cooked a fabulous turkey dinner. But what I wanted from all of that was the accolade, and I would get it and it was never enough. . . Because I wasn't doing it internally, because I wasn't doing it with balance (Interview)

It was Laura's intention to engage in activities that would fulfill something for her. **"I'm hoping that I'm going to be able to ask myself that question. 'How is this going to be helpful to me' and 'what is it that I want out of what I'm going to do?'"** (Laura, Interview). She realized, **"if what I want is my family's attention then I'm not going to do it"** (Laura, Interview). She explained that decorating her home is no longer going to be about what other people will think when they enter the home, **"I'm painting my son's room because I'm enjoying the activity of painting, and I'm going to feel as if I've accomplished something at the end of the day . . ."** (Laura, Interview).

In *Leisure Connections* Laura described, **"sometimes I'm tricked and I believe that my motivation is internal but when I look . . . it is actually always external"** (Observation notes, Session 1). As she described this during the group, Anita and Teresa nodded indicating they identified with this. Anita recognized that her motivation to play tennis was purely to please her husband. She described wanting to try things to explore her personal experience. This was **". . . a totally different way of looking at it [tennis]. And . . . looking at anything in my life that way. Then I could probably enjoy a lot**

more . . .” (Anita, Interview). Mary described a new awareness of her motivations for engaging in certain activities. She was unable to articulate her experience with any detail, but posed questions to herself such as, “[W]hy I choose certain things and what I like to do and . . . why those things I like to do, and others don’t. I think more about what I’m doing . . .” (Mary, Interview).

Marion felt overwhelmed by the thought of having to dissect her leisure experiences for meaning, however she did not want to continue to engage in leisure because it was an expectation. “[T]he next time when I go for that walk . . .” (Interview) Marion said she was going to, “. . . say, isn’t that a great tree. That’s a beautiful tree. I like the leaves” (Interview). Before *Leisure Connections* Marion felt it very important to concern herself with what others thought, and would engage in activities she thought others wanted for her. She said, “It is important to do it differently and important to realize that – to enjoy it . . . Not to be focused on what everybody else thinks it should be” (Interview).

Understanding her motivation for engaging in leisure activities was something Laura was familiar with as her husband introduced her to the idea; however, *Leisure Connections* gave her the ability to assess her feelings and motivations, “. . . [P]art of it for me is knowing how to check that out for myself cause I didn’t know how to do that before” (Interview). Participants described a new recognition of their reasons for participating in leisure. This shift in understanding or action with respect to motivations for engaging in leisure enabled participants the opportunity to conceive or actively make changes in their leisure time. Further, participants gained satisfaction and enjoyment from their leisure experiences which had been missing.

Choosing: “Catch the Bag or Not”

In *Leisure Connections*, during the bean bag toss exercise, Laura spoke of having the choice to catch the bag or not. She explained what throwing the bag away meant for her, **“I realized that the world is big, greater than the sum of me . . . it was my choice to catch the bag or not . . . the more I gave away, the more I got in return”**

(Observations, Session 4)

The pat-a-cake exercise in *Leisure Connections* helped Helen to see that despite the actions of others, she can remove herself from a situation if she is not comfortable. Vicariously, through her partner, she was able to see that in an uncomfortable or unsafe situation there would always be a choice that can be made.

I see that we have choices and that if, like one of the girls had a choice to leave because . . . she was angry at something, she didn’t want to play so she got up and left. In that I see that I do have choices too if I’m not feeling comfortable I can get up and go. (Helen, Interview)

Helen recognized she was able to make choices and be assertive, which were necessary components for her continued healing upon return home. These choices would enable her to stay safe and be respected, **“I would have a say in my life and my um, where I live and how I want to live. I would have a say in how, to be respected and loved – either that or else I’m going to move away from it. I feel strong to say that I need to be respected and not hurt anymore”** (Helen, Interview).

As another aspect of having choices, participants realized they could also make choices to include others in their lives again. The next section presents participants’ thought about reconnecting with other people.

Reconnecting With Others in Leisure

As described in *Letting Go of Familiar Coping Patterns and Opening to Joy*, many participants indicated connecting with others in their leisure time was not something they enjoyed. In fact, they used leisure to isolate themselves and withdraw from social interactions. Upon completing the *Leisure Connections* sessions, four participants described a new way of thinking about connecting with others. Two participants were able to change the way they interacted with others in their leisure time and they reflected on this experience during the interviews.

Participants described a desire to belong, the joy that was felt from belonging and how this might be incorporated upon their return home. Participants also described leisure as an integral component to experiencing joy and belonging and the role of communication. Anita described her experience in **“knitting and really enjoying it . . . and belonging to something . . .”** (Interview). She found something she enjoyed doing and then, was able to sit with others and knit. She described that she did not feel the need to conform to others to socialize but rather enjoyed her personal experience of knitting in the lounge in the company of others. Laura described an example to illustrate that a connection to the world is necessary for her to feel joy, **“realizing that you cannot have joy in your life if you cut yourself off from the world . . . Well that means that you have to go out in the world and do something . . .”** (Interview). Laura was looking to have simple interactions with others that felt truthful to her. She explained, **“I want to think well, isn’t that nice, look at the smile on your face and you know, respond in a way that’s going to make her day better for her and my day better for me”** (Laura, Interview).

Teresa used an example of what she was doing at the Homewood to illustrate the shift she has made in socializing as part of her leisure, **“it [enjoyment] was a little bit uncomfortable doing it but. . . on the weekends that I stay here I’ve initiated a big Pictionary game in the lounge with people and we invited the EDP group and I loved it”** (Interview). For Teresa, the games she played with others at Homewood helped her to recognize her desire to interact with other people in leisure:

maybe we should join a bowling league and I know that I want to start back with fitness when I go back, so I already have things in my mind that I really want to do . . . So we as a couple [Teresa and her fiancée] have talked about you know there’s a lodge there where people go and socialize, and they have darts and they have bowling leagues . . . because it is a northern community and they do things together (Interview).

As an aspect of connecting with others, Teresa, described the role of communication in making clear to others the importance that she placed on leisure, **“one of the biggest things I got out of it [pat-a-cake exercise] is that how is anyone going to know what I want or need if I don’t communicate it”** (Interview).

During the tug-of-war exercise Helen recognized the connection between her choice to be at the front of the rope and relationships in her life. Previously she would have been at the front of the rope to protect everyone else. When she felt what it would be like to be at the back of the rope, she noted how lonely this felt for her, **“I was in the back. There is nobody behind me and I’m alone now”** (Observation notes, Session 2). Helen communicated her feelings with her husband. She shared with him her experiences from *Leisure Connections* and described what this meant to her.

being in different places of the rope in the tug of war, I talked to my husband about it. . . where I was alone and nobody to help me. . . and we can communicate that way. . . we can work on it instead of us both feeling isolated or left out in our relationship that we can be open and talk about it. . . Like before I was afraid to go back home. . . but now. . . I'm going to use my voice
(Helen, Interview).

Helen expected leisure would be well received by her daughters but her husband would likely be a barrier in the process:

So it's going to be a big challenge for us . . . to include my husband in it [leisure] . . . he says he will but we're gonna see. We'll probably all start tickling him . . . We do have fun, me and my daughters (Interview).

Reconnecting with others in leisure extends beyond laughing and enjoying oneself.

Marion had an epiphany during the pat-a-cake exercise where she recognized, **"I was able to accept guidance from Anita, something I always wanted from my mother but it's never been there or I've never asked for it"** (Interview). During the *Leisure Connections* session, she described feelings associated with not asking for and not accepting guidance, **"pain and sadness. It makes me cry [tears well up in her eyes]"** (Observations, Session 3)

Balancing Life with Leisure: "It is what brings balance, leisure is what ultimately gives you passion in your life"

Participants discovered a need for balance they had not understood before *Leisure Connections*. Some described leisure and life as synonymous while others described a connection between leisure and all aspects of self including, the emotional, physical, and

spiritual. For most participants, this meant a new understanding about not only leisure but also their lives. Anita's statement, "**. . . I need that balance of leisure and structure**" (Interview), indicated that leisure was necessary to create balance in life. She explained this balance.

I can be knitting with a group of people and get that enjoyment and that belonging . . . yet, I can also sit silently and knit. So . . . recognizing that . . . I really enjoy it so it's ok to do it, and I'm not isolating (Interview).

Anita recognized this newfound activity as something that gives her joy and connected this to her healing from trauma journey.

Anita's thoughts about leisure and what leisure is had shifted. She described reconnecting to activities for enjoyment and thinking about obligations differently (e.g., cooking dinner). The belief that "**leisure is life**" (Anita, Interview) felt empowering to her in her healing journey. She used the statement "**leading a leasurable life**" (Anita, Interview) which translated into slowing her pace, and enjoying each step in life. "**I guess it's . . . part of living life . . . so just taking it one day at a time and but really enjoying every step**" (Anita, Interview). Anita connected daily happenings in her life to the satisfaction these activities gave her. "**It [leisure] pertains to everything now, not just a relaxed state. . . Every aspect. . . Emotionally, physically, spiritually**" (Interview). These new understandings about leisure led Anita "**to realize that I do need free time and that free time needs to be something that I enjoy. Otherwise, life has been passing me by**" (Interview).

Teresa used to struggle with planning parties that pleased others and never enjoyed herself. Her work used to consume her but now she recognized the need for

balance. Teresa described leisure as a component necessary to make a **“whole person”** (Interview). **“I never thought that [leisure] was part of being well, being healthy and being balanced . . . I really came to realize that yeah, it’s a very important part and it’s necessary . . .”** (Teresa, Interview). She noted, **“ . . . it’s not just about dealing with the trauma, . . . the past . . . it’s about taking care of ourselves and being good to ourselves in the meantime, while we’re getting well”** (Teresa, Interview). Teresa became emotional as she shared how her experiences in *Leisure Connections* changed her understanding of leisure, **“I think its [leisure] a necessity for me to have balance in my life. I really do think that it’s very important . . . even though it’s [leisure] still hard . . .”** (Interview). Teresa planned to incorporate leisure **“when I go back home”** (Interview) to create balance in her life. Teresa placed a greater value on leisure, **“It’s a necessity – for balance, because I’ve never had that”** (Interview). Previously she described she could not understand the relevance of a leisure group to her healing. However, she commented *Leisure Connections* led to the realization that leisure and self-nurturing were connected, and leisure was essential to her healing journey. **“I think I understand more that it’s [leisure] a vital part of it [healing] . . . part of that whole being balanced”** (Teresa, Interview).

Years in therapy had given Laura many tools **“how to be assertive . . . how to journal and feel your feelings”** (Interview) to help assist in her healing journey; however, she now realized leisure was the missing component. **“ . . .[Y]ou can sit in a room and feel with feelings all day but that isn’t going to bring you joy, it’s the leisure that’s going to bring you the joy”** (Interview). When Laura spoke about fun and enjoyment, she responded with, **“the only thing that I can say is that I’m looking**

forward to having a life” (Interview). She continued, **“I think it [leisure] is what brings balance, leisure is what ultimately gives you passion in your life, your reason to wake up in the morning”** (Laura, Interview). To articulate how things will be different when she returns home, she used the example of daily obligations to describe how incorporating leisure will change her experiences.

I’m looking forward to . . . going back to work or going back to school . . . being a contributor within my family, where I’m paying the bills and I’m doing the groceries and they can count on me and . . . balancing it out with things that I look forward to doing as well . . . I don’t believe that I can have a life without the leisure (Laura, Interview).

Laura explained, **“I recognize that I won’t have joy in my life without leisure”** (Interview) and added, **“I really have to make it . . . an important part of my healing”** (Interview).

When asked whether she had begun to incorporate leisure into her life, this was Mary’s responded, **“Balance and recognizing . . . that everybody kinda needs time to do things that they want”** (Interview). Mary had a difficult time articulating her feelings but said, **“I think it [*Leisure Connections*] would be great for everybody [in the Program for Traumatic Stress Recovery] because it is about leisure but, it’s really not . . . it’s lifestyle and kinda the bigger picture”** (Interview).

Growth and Connections

Participants described connections they made as a result of experiences in *Leisure Connections*. These connections included: connections with beliefs and experiences in leisure – both previous and new (*Responding to Trauma in Leisure, Letting Go of Familiar Coping Patterns and Opening to Joy, Balancing Life with Leisure*: “It is what

brings balance, leisure is what ultimately gives you passion in your life); connections with experiences of being present and attentive during leisure experiences (*Letting Go of Familiar Coping Patterns and Opening to Joy, Reconnecting with the Body: Experiencing Deeper Reflection and Awareness*) including communicating needs and experiencing joy (*Being in the Moment of Small Steps and Simple Things: Letting Go of Being Perfect and Future Worries, Exploring Leisure and Self Nurturing: Changing Understandings of Self, "Listen to your voice": Shifting to an Internal Motivation, Choosing: "Catch the bag or not"*); and connection with others in leisure (*Reconnecting with Others in Leisure*). Participants described most of these connections deepening as a result of the experiential exercises in *Leisure Connections*. Growth was also described when participant realized the choices they had made and were able to note whether or not they were ready to make changes (*Letting Go of Familiar Coping Patterns and Opening to Joy, Exploring Leisure and Self Nurturing: Changing Understandings of Self and Choosing: Catch the Bag or Not*). In addition, our interviews also facilitated reflections on these connections. Anita and Marion described the interview following *Leisure Connections* as giving them the opportunity to reflect on their experiences, beliefs and understandings regarding leisure.

This chapter described participants' thoughts about changes or shifts in the way they envisioned or engaged in leisure following experiences in *Leisure Connections* and the Program for Traumatic Stress Recovery. In the subsequent Discussion chapter, findings from Chapters Three and Four will be discussed in relation to the literature on leisure and healing and existential psychotherapy.

Chapter Five: Discussion

The purpose of this interpretive grounded theory study was to explore adult survivors of trauma's understanding of leisure during participation in *Leisure Connections*. Chapter Five addresses the remaining research question, What is the connection between leisure and healing? Early work by Meister and Pedlar (1992) reported adult survivors of childhood sexual abuse "did not view leisure as a positive factor in their lives" (p. 53). Griffin (2005) described the beliefs of many patients in the Program for Traumatic Stress Recovery regarding their understanding of leisure. In relation to the healing journey, leisure was initially considered a low priority, "an unimportant aspect of life and something done by someone who is already healthy" (Griffin, 2005, p. 215). Not surprisingly then, Arai, Mock, and Gallant (2011) found in their study that incidence of childhood traumatic events were negatively associated with both self-rated physical health and physically active leisure participation. In the theme *Expansion of Work Leaves No Space for Leisure* and *In Search of Perfection and Maintaining Control in Leisure*, a lack of emotional connection to leisure experiences and specifically, an inability to recognize the positive benefits of leisure was described by participants. Participants described having an intellectual understanding of leisure and its benefits but as Marion described, leisure was "just a word." When trauma is experienced in childhood, it leaves the child's coping mechanisms active. The often limited opportunity to 'play' in a safe environment results in no experience, or a limited experience, of leisure and an associated belief that leisure is unacceptable (Griffin, 2002 & 2005). Among participants who engaged in leisure activities prior to experiencing *Leisure Connections*, benefits of their participation were not understood. Similarly,

Meister and Pedlar (1992) indicated that the benefits of social interaction in leisure pursuits were missed among the adult survivors of childhood abuse in their research.

In the discussion that follows, participants emerging understanding of experiences in *Leisure Connections* described in Chapters Three and Four will be deepened through a framing within Yalom (1980) and van Deuzen-Smith (1997) existential psychotherapy literature while weaving connections with leisure motivation; leisure, stress and coping; and empowerment literature from leisure studies. In this discussion connections are woven between the findings and core existential concerns of death, isolation, meaninglessness, and freedom and findings are discussed as participants grapple with boundary situations in the process of healing and existential growth in the aftermath of trauma.

Yalom (1980) describes death as an ultimate concern for humans, it implies not only endings but beginnings. As he stated, “Although the physicality of death destroys man, the idea of death saves him” (Yalom, p.30) and this can be applied to the findings of this research in a figurative manner. In Chapter Three, *Participants’ Experiences in Leisure Connections and the Program for Traumatic Stress Recovery*, participants described limitations their previous coping strategies had placed on their lives. Disengaging by isolating from others and from oneself (i.e. avoidance) is a metaphoric death negatively effecting individuals’ health, identity, confidence, and purpose. A metaphoric death was described by participants in relation to letting go of trauma related coping strategies in the themes *Letting Go of Familiar Coping Patterns and Opening to Joy* and *Reconnecting with the Body: Experiencing Deeper Reflection and Awareness*.

As van Deurzen-Smith, (1997) describes, effects of individuals' coping mechanisms alter ones' physical, personal and spiritual dimensions of themselves. Insights into the influence of previous coping on self provides participants with opportunity for positive growth (Nolen-Hoeksema & Davis, 2002). Findings in this study described the energy for change bound up in sadness and grief that arose with the realization of positive experiences participants had missed by not engaging in healthy leisure pursuits. What some participants' described resembled wisdom as a component of posttraumatic growth (Nolen-Hoeksema & Davis, 2002). Fear and recognition of unreadiness to change was growth in itself. For others, connectedness of mind and body participants described was a new experience and trust in oneself began to emerge.

As Yalom (1980) describes, awareness of an individual's death incites a shift in consciousness away from a state of "forgetfulness of being" (p. 30) and a focus on things and the way things are in the world. As such, daily experiences act as a diversion away from the "mindfulness of being" (Yalom, 1980, p. 31). This forgetfulness of being resonated throughout the themes described in Chapter Four such as: *Expansion of Work Leaves No Space for Leisure; Leisure as the Door to Escaping, Withdrawing and Isolating; A Focus on Caring for Others; and "I was almost like a robot just doing what I thought I was supposed to do."*

When trauma is experienced in childhood, the child learns that safety is associated with being productive and keeping busy (Bass & Davis, 1994; Schiraldi, 2000). The need to please others is often directly connected to the perception of safety (Bass & Davis, 1992; Griffin, 2005) and at the core a concern with death experiences. As a result, participation in leisure as an adult is avoided entirely, or associated with a state of

hypervigilance not conducive to enjoyment or satisfaction (Griffin, 2005; Matsakis, 1996). Filling time with commitments, work or leisure facilitates avoidance of triggers and continues associations between productivity and perceptions of safety in adulthood (Griffin, 2005). At the core, when safety does not exist, fear of injury and ultimately death ensues. Since fear is not tangible, nor is it understandable, at its peak fear creates feelings of helplessness (Yalom, 1980). This pattern offers little time to relax or attend to personal needs and is a strategy to avoid uncomfortable emotions, sabotaging any sense of balance in a survivor's life (Griffin). The concurrent cyclical patterns related to safety in children and later replayed in adulthood.

Furthermore, lack of opportunity for play time in childhood impedes processes of self discovery and self awareness in later life. This was described by participants as a need **“to survive on my own.”** The drive to succeed was something that must be achieved in isolation rather than with the supports of others. Yalom (1980) describes that death anxiety rarely manifests in its original form but rather is transformed as a defense mechanism. Death anxiety is often displaced by a less life threatening concern such as “self-esteem, fear of interpersonal rejection, or humiliation” (p. 45). In the case of the research participants of this study, this is evidenced by their unrelenting quest for perfection to ensure safety and the determination to succeed alone since survival to this point had been a solitary process. Themes that emerged as participants spoke about their connection to leisure experiences was not a fear of their mortal death, but rather an emotional or physical disconnect from their experience. Participants' recognition of this metaphoric death presented many with the opportunity to change their experiences in leisure as they begin to reengage. *Being in the Moment of Small Steps and Simple Things:*

Letting Go of Being Perfect and Future Worries describes previous attempts to avoid threatened and existential death through perfectionism. As Meister and Pedlar (1992) remind us the need to achieve perfection impedes a positive leisure experience by perpetuating a survivor's quest for acceptance and validation while attempting to avoid rejection. Research participants' quest for perfection in their leisure experiences is consistent with published literature (Griffin, 2005; Meister & Pedlar, 1992). Participants in this study described a constant cycle of failure as self-imposed expectations of perfection increased. The desire to please drove participants to exceptional levels of performance and unattainable goals. When goals were not met, participants were left feeling unsatisfied with their leisure experience. Even when goals were met, participants had a constant need to have achievements validated by others. This is a common experience among survivors of trauma (Griffin, 2005; Meister & Pedlar, 1992).

Bound up in this grappling with existential death is the existential concern of isolation. The avoidant and isolation tendencies of detaching from social experiences that research participants described are similar among almost all survivors of trauma. Coping mechanisms range from withdrawing and isolating oneself, to addictive behaviours such as alcohol or drug abuse or gambling (Schiraldi, 2000; Bass & Davis, 1994). Yalom describes three forms of isolation—interpersonal, intrapersonal, and existential—each of which resonate throughout the findings in Chapters Three and Four. However, there is a paradox here, as Yalom (1980) describes, “If one cannot affirm oneself, then one continually needs affirmation by the other” (p. 376).

Intrapersonal isolation, whereby one has separated thoughts from their consciousness resulting in a “fragmentation of the self” (p.354). As Yalom (1980)

describes, intrapersonal isolation refers to dissociation and often results in stifling “one’s own feelings or desires, accepts *oughts* or *should* as one’s own wishes” or “distrusts one’s own judgment, or buries one’s own potential” (p.354). During traumatic events, an individual temporarily escapes the experience by dissociating (Herman, 1992; Schiraldi, 2000; van der Kolk, 1989). Following the traumatic event, the individual is motivated to avoid any triggers that remind them of the traumatic experience, in all aspects of a survivor’s life. This avoidance of triggers can occur immediately following the traumatic event but can last for many years after the trauma has stopped (Schiraldi, 2000; Bass and Davis, 1994). Engaging in activities that help a trauma survivor escape from their thoughts and feelings or other people is a means of maintaining feelings of safety and avoiding uncomfortable feelings of shame and guilt (Griffin, 2005; Meister & Pedlar, 1992; Herman, 1992). In this study, participants described using leisure activities such as playing computer games or bingo, to escape from uncomfortable thoughts and feelings. They further described moments of intrapersonal isolation arising as they experienced traumatic reenactment in the context of leisure, and during experiential activities of *Leisure Connections*.

Interpersonal isolation, whereby one is segregated from other people is experienced as loneliness. Trauma has lasting impacts on social interactions with friends and family (Herman, 1992; Meister and Pedlar, 1992; MacDonald, Chamberlain, Long & Flett, 1999; Schiraldi, 2000). As described in Chapter Four within the subtheme *Leisure as the Door to Escaping, Withdrawing and Isolating* (within the theme *Responding to Trauma in Leisure*), participants described engaging in activities such as watching television or playing computer games as a vehicle to isolate themselves from social

interaction with others. They also described leaving the home environment to engage in an activity in solitude. Some participants described having past experiences engaging in social leisure pursuits but had chosen to disengage. Detaching from these relationships or from normal daily activities is a common way for survivors of trauma to avoid triggers that elicit an emotional response (Frankl, 1984; Schirialdi, 2000).

Existential isolation describes a form of isolation experienced despite being in the company of, and interacting with others. Existential isolation is described as an “unbridgeable gulf between oneself and any other being . . . a separation between the individual and the world” (Yalom, 1980, p. 355). Participants in this study described engaging in social experiences motivated externally. As Yalom (1980) described, “true solitude comes too close to the anxiety of existential isolation” (p. 376). This is dealt with by surrounding oneself with people and engaging in activities to keep busy, appear productive, or escape memories of the past. In the section *Expansion of Work Leaves No Space for Leisure*, a common experience among research participants was avoiding thoughts or feelings by filling time with activities. This was also found in the literature (cf. Griffin, 2005; Bass & Davis, 1992; van der Kolk, 1989). Participants engaged in many leisure activities that resembled work rather than leisure. Participants recounted filling their lives with commitments which fostered a “forgetfulness of being” (Yalom, 1980, p. 30).

As Yalom (1980) indicated, anxiety associated with existential isolation in many cases is connected at its core with death anxiety. Specifically, regardless of the number of supportive people in one’s life, death must be faced alone. Meister & Pedlar (1992) indicated that survivors of childhood sexual abuse preferred solitary outdoor recreation

activities (i.e. “horseback riding, running, and hiking” [p. 53]) with an emphasis on recreational activities that had a high personal risk associated with them. The associated emotional expectations that accompany such pursuits are concerning for a survivor of trauma because participants’ reward emerged from the danger of the activity (Meister & Pedlar). While overt risk was apparent in peoples’ leisure, so too was more covert forms of risk such as pleasing others at the cost of one’s own needs, safety, and struggles for individuality

van Deurzen-Smith (1997), describes that a method of interacting may be useful for a length of time but the time will come when this strategy is no longer useful and “becomes a handicap” (p. 116). This is similar to Griffin’s (2005; 2002) discoveries in relation to not only social interactions but leisure and coping strategies. Participants experienced a movement beyond *Responding to Trauma in Leisure* where creating safety was the primary focus, to an engagement in social experiences. van Deurzen-Smith (1997) explains that “the narrower a person’s circle of acquaintance, the harder it is for them to acquire an open attitude to others” (p. 115). As children, “our map of the world of other people is drawn up directly from the sort of relationships we establish with the adults in our lives” (p. 112). Being with others requires a deeper connection with whom interactions occur. This enables the process of relating to others and facilitates a deeper understanding of oneself in relation to the social world.

The theme *Reconnecting with Others in Leisure*, portrays participants new found desire to connect or reconnect with others. The resulting joy associated with social experiences and communicating was necessary for healing and something participants yearned for upon completing *Leisure Connections*. Participants spoke about being a

“contributor” or “not isolating” and these closely connect to “belonging”, “acceptance”, “love” and “admiration” that underpin the existential social dimension (van Deurzen-Smith, 1997). Participants described how changing leisure experiences could aid their healing and improve their physical, social, personal and spiritual experiences of health. Changing one’s life narrative and goals requires the support of others (Calhoun & Tedeschi, 2004; Linley & Joseph, 2004) leading to growth and both intellectual and affective wisdom (Aldwin & Levenson, 2002; Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004). In the themes *Letting Go of Familiar Coping Patterns and Opening to Joy* and *Being in the Moment of Small Steps and Simple Things: Letting Go of Being Perfect and Future Worries* participants described shifting away from intrapersonal, interpersonal isolation, and existential isolation respectively. Participants described both a search for a leisure experience that elicited feelings of joy and an attentiveness to emergent feelings. The disconnect between feelings and experiences in the past resembled Yalom’s (1980) intrapersonal isolation; which participants described shifting in the theme, *Letting Go of Familiar Coping Patterns and Opening to Joy*. Movement away from experiencing intrapersonal isolation was described in the theme, *Being in the Moment of Small Steps and Simple Things: Letting Go of Being Perfect and Future Worries*. Participants described moving beyond connecting leisure experiences and emergent feelings, they described incorporating this connectedness of experiences and feelings into daily life. Being attentive to feelings that emerged as a result of any experience became the goal. Experiences in *Leisure Connections* facilitated self discoveries and felt experiences of consistency between mind and body, self care, assertiveness, and joy in leisure experiences.

Related to existential concern with death and isolation is the core concern of addressing meaninglessness in life. Central in this process for participants in this study was moving beyond the need to please others to knowing oneself. At the outset of Yalom's (1980) discussion of meaninglessness, he indicated his interchangeable use of meaning and purpose (which typically are defined differently). For Yalom (1980), the process of meaning making in humans is a process of "actively striving for a goal" (p. 445) rather than an innate drive that propels us. The desire for self-transcendence indicates a freedom that we can pursue the goal of discovering meaning. While *cosmic meaning* refers to a belief of a greater power in the universe, *terrestrial meaning* is the personal meaning that one holds which exists regardless of one's belief in the cosmic, or greater power in the universe. Healing in the aftermath of trauma describes an ongoing shift in terrestrial meaning of safety, self and leisure. Further, the findings reveal and connection between meaning making and leisure motivations.

Research focused on motivations for participating in leisure activities and research indicates that survivors of trauma do so because of an expectation associated with their participation (Griffin, 2005; Meister & Pedlar, 1992). Among survivors of trauma, leisure motivations are often linked with traumatic reenactments and avoiding triggers of a past trauma (Griffin, 2002). In the subtheme titled, *A Focus on Caring for Others and Meeting Expectations* (within the theme *Responding to Trauma in Leisure*"), participants described having an increased awareness of their surroundings as a way of maintaining feelings of safety. Hypervigilance helps in detecting when a threat may be eminent and long after the threat has been removed, this heightened awareness enables the survivor to detect and avoid triggers (Bass and Davis, 1994; Herman, 1992; Schiraldi, 2000).

Participants' also described participating in leisure because it was a societal expectation. Initially they thought that if they did not engage, people would question "what's your problem?" Extrinsically motivated participation in leisure yields little satisfaction to the participant except perhaps relief if a reward is received or a negative situation avoided (Pelletier, Tuson & Haddad, 1997). This connects with the earlier discussion of isolation—participants in this study described a focus on their families or planning leisure events for others and seeking gratification from others happiness or enjoyment. When participants described their leisure participation, they also were anticipating the feelings of enjoyment that they thought should be felt – but those feelings never emerged.

There was also disconnect between participants' activities and their affect. In addition to avoiding triggers, participants discovered they did not know what they enjoy as a result of years of engaging in activities that others enjoy. Addressing the needs of others prevents free choice and internally motivated leisure participation where pleasure or satisfaction are outcomes (Iso-Ahola, 1980). It also facilitates avoiding conflict that arises when a survivor's desires are not identical to the people around them but leaves participants feeling unsatisfied, angry, exhausted or unworthy (Griffin, 2005).

Reestablishing balance and feeling a sense of satisfaction is the ultimate goal in leisure (Mannell & Kleiber, 1997) and upon completing *Leisure Connections*, participants were able to recognize the extrinsically motivated patterns in their leisure time. Extrinsic motivation is typically an unconscious pattern (Mannell & Kleiber, 1997). Experiential exercises in *Leisure Connections* acted as a boundary experience or experiences in a therapeutic setting which prompt a "crisis of meaning" (Yalom, 1980, p. 454) that forces an individual to confront their "existential situation and illuminates the

insubstantial nature of many systems of meaning.” (p. 454). This means that societal norms are challenged in that one’s previous beliefs that they were absolute no longer are upheld. The “absolute relativity of the values” (Yalom, 1980, p. 454) becomes apparent. This epiphany regarding the meaning in life, creates the opportunity for individuals to explore themselves more deeply and reclaim a sense of self that had been missing. As participants in *Leisure Connections* indicated, their need for external approval and accolades from others for validation prevented them from understanding what they enjoyed and beyond that, the meaning of their life. Yalom indicates that as the existential discovery of meaning unfolds, individuals can “explore themselves deeply and . . . old compulsive patterns are undermined and eventually detached” (p. 454). The repeated patterns that have driven one’s life are challenged and eventually a new existence emerges based on self-discovery and freedom.

As described in the subtheme *In Search of Perfection and Maintaining Control in Leisure* (within the theme *Responding to Trauma in Leisure*), the drive for perfection is motivated for participants by others in their lives. This hinders their ability to engage in or enjoy leisure; the ultimate goal is to prove something to themselves or others, fueling the drive for perfection. The theme *Being in the Moment of Small Steps and Simple Things: Letting Go of Being Perfect and Future Worries* portrayed participants experiences as they moved beyond that need to please others to a point where they could experience enjoyment for themselves. Participants described initial shifts to focusing on the moment—one day at a time—rather than feeling overwhelmed by what might happen or what needs to happen in the future. This involved focusing on daily tasks and challenging familiar habits. This progression suggests that research participants began to shift what

authors such as Mascaro and Rosen (2005) and Yalom (1980) refer to as the ultimate existential concern of meaninglessness. While devaluation of personal desires and goals, and isolation associated with meaninglessness, inhibits personal growth (Guardo, 1975; Mascaro & Rosen, 2005; Yalom, 1980); the process unfolding as participants examine their leisure choices is the reconnection to themselves and an understanding of the way they would like to live and choices required to achieve this.

Connected with the notion of *choice* is that of *responsibility*. In an existential sense, “Responsibility means authorship. To be aware of responsibility is to be aware of creating one’s own self, destiny . . . and, if such be the case, one’s own suffering” (Yalom, 1980, p. 218). Existential literature indicates the human condition is not static, but rather is ever-changing as individuals realize their potential (Bauman & Waldo, 1998; Corey, 1996; Frankl, 1967). Bauman and Waldo (1998) describe the process of *being* as having choice in any situation. Anxiety of groundlessness emerges from feeling as though the “ground beneath one seems to open up” (Yalom, 1980, p. 221). To avoid this anxiety, individuals avoid for instance making decisions that make one’s groundlessness evident and many seek out authority or “something that is bigger than oneself” (p. 222). There are numerous ways in which humans’ avoidance of responsibility is manifested including, compulsivity, displacement or denial of responsibility.

The theme *Choosing: “Catch the bag or not”* described participants’ experiences in *Leisure Connections* that led them to the realization that they have choices and can make decisions to react and behave differently. In particular, the experiential exercises were instrumental in this recognition of choice – choice to continue coping mechanisms that were harmful or sit with the discomfort of a change for the sake of personal growth and

health (Aldwin & Levenson, 2002; Calhoun & Tedeschi, 1998; Tedeschi & Calhoun, 2004).

Choice is activated as participants discover opportunity for enjoyment, satisfaction and growth that accompany healthy, intrinsically motivated leisure experiences. To achieve this, participants needed to make different choices in the process of *becoming* as they strive to reach their full potential (Bauman & Waldo, 1998). The balance participants described addressed the physical, social, personal and spiritual dimensions van Deurzen-Smith (1997) described.

Through new experiences in leisure, participants were able to begin to connect to the personal and physical dimensions. van Deurzen-Smith (1997) describes the physical dimension of existentialism, whereby individuals seek to secure safety and strive for life, health, wealth and pleasure. According to van Deurzen-Smith (1997), pleasure is equated with feelings of fullness and lead to relaxation. Conversely, pain is equated with emptiness which is a cue to replenish. This is something that participants described grappling with. Dealing with trauma memories have preoccupied participants for many years and remaining aware of the self in the present remains a challenge. Participants described new experiences in leisure requiring that they sit with uncomfortable feelings—and the result was a connection to the activity and ultimately feelings of joy. The Recreation Therapist throughout *Leisure Connections* indicated the process of letting go of old coping patterns was an active and difficult choice. Conversely, the decision to make no changes or for instance, perpetuating a life focused on others' needs and wishes was also a choice. Yalom (1980) supports these teachings stating individuals are responsible for their actions as well as their failure to act. The pattern of coping with

trauma memories is familiar yet unsatisfying (Griffin, 2002; 2005). The intensity and discomfort associated with letting go was new for participants, something that some were not yet prepared to give up. However, as van Deurzen-Smith (1997) describes, “The art is to discover what talents one has been given and to make the most of what one is, rather than try to be what one is not” (p. 107). In the theme *Exploring Leisure and Self Nurturing: Changing Understandings of Self*, participants described first-hand or vicarious experiences with assertiveness and setting boundaries in an effort to respond to their personal needs. When examining the positive poles of the four existential dimensions, (van Deurzen-Smith, 1997) words such as “life”, “health”, “wealth” and “pleasure” describe the physical dimension. These underlying tenets of the physical dimension are closely connected to the participants words “life”, “healthy” and “enjoyment” as they described the role of leisure in their healing journey. Through this discovery process, participants’ identity takes new shape. There was a recognition that familiar patterns did not need to be recreated but rather, could be modified to facilitate the healing process. Letting go of the person that once was, facilitated taking care of the physical needs including caring for oneself and in the process, achieving pleasure and a new identity and confidence.

The personal dimension is described by “integrity”, “identity”, “perfection” and “confidence.” This translated for participants into being “good” to oneself and having “passion” in one’s life to get up in the morning. The spiritual dimension is described by “meaning”, “serenity”, “purpose” and “good.” In healing from trauma, there are many opportunities to make choices that change the way a survivor copes with past trauma. In the theme, *Balancing Life with Leisure: “It is what brings balance, leisure is what*

ultimately gives you passion in your life”, participants described having a new view of leisure and this connected closely to having balance in their lives. Creating this balance they anticipated, would yield feelings of enjoyment as they engaged in activities for personal satisfaction. Participants described preparing meals as an example of an opportunity to be present in the moment and allow positive feelings to emerge. Although a seemingly mundane activity, some participants looked forward with anticipation to this daily experience as a step toward positive feelings described and felt during *Leisure Connections*.

The spiritual dimension addresses the way individuals make sense of the world and the deeper meaning of life. In recognizing the world extends beyond oneself, it becomes evident that personal choices affect the burden one carries. The psychological dimension recognizes that we are central to our own experiences from which we can begin to interact with our social environment. Being and Becoming (Bauman & Waldo, 1998) are the existential processes of free choice and the lifelong growth of an individual that, although this development process begins in childhood it is ever-changing as life unfolds. Personal flexibility develops as one is “overwhelmed by life at times and yet retrieve some control – at least an ability to survive, regardless of the challenges” (van Deurzen-Smith, 1997, p. 122). The strength to be assertive and relay personal needs and desires to others in one’s environment is instrumental to the healing from trauma journey as indicated by participants.

In the theme *Letting Go of Familiar Coping Patterns and Opening to Joy* described in Chapter Four, participants spoke about new experiences in leisure. When focused on their experience in the moment and attentive to their thoughts and feelings during the

exercise, participants discovered a new found feeling of enjoyment from for instance, making a choice that benefited themselves rather than others. To reach joy, participants had to acknowledge and work through feelings of discomfort associated with taking a new path and changing the way they coped with an experience in the moment. Existential literature indicates we are responsible for our existence and beyond that, we have choices in any situation (Bauman & Waldo, 1998; Corey, 1996; Frankl, 1967; Lantz & Gyamerah, 2002; Yalom 1980). Participants were able to recognize their initial reaction to leisure (i.e., refusing to participate in craftzone) and change this experience. Making a conscious decision to engage in a new experience in a safe environment allowed opportunity to increase self-discovery and awareness (i.e. enjoying being creative).

The connection between the healing process experienced by participants in this study and the personal, physical, and spiritual dimensions of individual experience described by van Deurzen-Smith (1997) are similar to the psychological, social, and political aspects of empowerment described by Arai (1995) and Arai and Pedlar (1996). As Arai (1995) describes personal processes of empowerment are intertwined with the development of group experiences and group empowerment. Herman (1992) affirms that healing from trauma “is based upon the empowerment of the survivor and the creation of new connections” (p. 133). “Traumatic events destroy the sustaining bonds between individual and community” (p. 214) and thus “recovery can take place only within the context of relationships” (Herman, 1992, p. 133). *Leisure Connections* facilitates restoration of connection to others. Participants described *Leisure Connections* providing them opportunities to create safety and reconnect in the context of leisure experiences with the support of others which is critical in participants’ posttraumatic growth. The

underpinnings of the Sanctuary model including safety (Bloom, 1994; Herman, 1992; Schiraldi, 2000; van der Kolk, 1989), positive relationships (Bloom, 1994; Herman, 1992; Schiraldi, 2000) and reconnection (Bloom, 1994) are central to healthy leisure.

Herman (1992) described trauma as a social wound requiring healing to occur in a social context. In the aftermath of trauma arise feelings of disempowerment and disconnect from others. Recovery “is based upon the empowerment of the survivor and the creation of new connections” (Herman, 1992, p. 133). This resonates with the core theme of *Growth and Connections*. Participants described reconnection with themselves and others. There is an “unending resolution of the trauma” (Herman, 1992, p. 211) indicating that “recovery is never complete” (Herman, 1992, p. 211). When a survivor fully engages in relationships with others and begins to take pleasure in life, resolution has begun.

Griffin’s (2002) reflective practice of Recreation Therapy has witnessed the positive growth of survivors of trauma when leisure is incorporated into the treatment plan and the findings of this study are no exception. Chapter Three described participants reconnection with others in their leisure pursuits, rediscovery of themselves and their ability to be attentive to their needs and communicate these during the experiential exercises. Participants described a sense of belonging based on common experiences. Janet facilitated dialogue among participants by sharing previous *Leisure Connections* participants’ experiences and asking people to share with the group. When interacting with each other during experiential exercises, participants made self discoveries (e.g. assertiveness or need to communicate ones’ needs) and during discussions, participants agreed with others’ statements both as an affirmation of similar experience and

supporting the participant sharing. Participants described in the moment discussions of emergent thoughts and feelings during the experiential exercises as integral to understanding behavior patterns, including reenactments. As participants' uncovered insights about themselves in relation to leisure and their healing from trauma process, the individual and group empowerment process (Arai, 1996;1997) is emerging simultaneously. This "process of change" where disempowerment shifts to control over one's life circumstances is experienced by participants of this study.

This chapter deepened discussion of the participants' experiences as described in the themes and subthemes using literature on existential psychotherapy, trauma healing, and the Sanctuary model from the psychotherapy and counseling literature; and notions of motivation, coping, and empowerment from leisure studies. More specifically, participants experienced existential growth in their journey of healing from trauma through *Leisure Connections*. The final Chapter of this document presents the conclusions of this research.

Chapter Six: Conclusion

In exploring the understandings of leisure among adult survivors of trauma during participation in *Leisure Connections*, this study extends upon literature suggesting the therapeutic incorporation of leisure in treatment among survivors of trauma is a unique process (Griffin, 2002; 2005; Meister & Pedlar, 1992). *Leisure Connections* offers participants a unique healing experience relative to that described in therapeutic recreation literature. The core theme emerging from the findings was *connection*. Illuminating this core theme of connection, the nine themes highlight connections participants made to understanding trauma responses and coping approaches; shifting understandings of self, personal choice and body; and to being in the moment, and connecting with joy and passion in life. This core theme of *connection* resonates with the underlying premis of existential psychotherapy, a search for meaning (Frankl, 1984; Harmand, Ashlock & Miller, 1993; Lantz & Lantz, 1992; Yalom, 1980) and in this case, the re-making of meaning in the aftermath of trauma.

Becoming and being are never-ending processes whereby individuals strive to reach their fullest potential (Yalom, 1980); this, Herman (1992) describes as emancipation. Growth and empowerment following traumatic experience require physical and emotional safety (Bloom, 1994) and holding and honouring (Lantz & Gaymerha, 2002); boundary situations that prompt telling and self-discovery (Lantz & Gaymerha, 2002; Yalom, 1980); an expert helper to facilitate processes of cognitive and emotional insight and mastery (Lantz & Gaymerha, 2002; Matsakis, 1996), affect management and grieving (Bloom, 1994); and opportunity to reconnect with others for

sharing and learning and the space to practice these new skills (Herman, 1992; Yalom, 1980). Each of these were described by participants in *Leisure Connections*.

Psycho-education in leisure, specifically *Leisure Connections*, provides opportunities to experience many opportunities for growth. In a context of safety, honouring and holding, trauma survivors can discover their traumatic reenactments and explore previously unconscious or avoided thoughts about their motivations for self-harm in leisure or lack of leisure participation. The telling stage is facilitated by Janet in the group where participants are encouraged to share their experiences as described in *Session One: Learning about Leisure through Psycho-education*. Throughout all sessions of *Leisure Connections*, participants experienced emotional reactions to their self-discoveries related to old coping patterns and experienced the grieving stage when they uncovered the traumatic re-enactments in their leisure time. Through words and actions of the facilitator and other individuals in the group, participants were able to see and hear their choices, thoughts, and experiences mirrored back to them, allowing possibility for exploration and reflection in a context of safety. *Being*—focusing on present experiences and recognizing that one is safe—creates possibility for participants to experience joy and decrease feelings of death anxiety. Preoccupation with safety lessens as unhealthy coping patterns and traumatic re-enactments in leisure are discovered and replaced by positive coping and leisure experiences.

As the process of becoming unfolds, participants continue to grapple with Yalom's (1980) core existential issues. Boundary situations require participants to make a choice regarding the way they cope with anxiety that emerges. This is the sense of being that alludes to choice in any situation (Yalom, 1980). Boundary situations occurring in the

context of the experiential exercises in *Leisure Connections* provided space for grappling with core existential issues of death, meaninglessness, isolation and freedom. Awareness of previous coping patterns are uncovered in the context of a supportive group and spaces for change are created. In these boundary situations participants were able to grapple with death anxiety and safety, isolation and social connection, shifting from meaninglessness to meaning and reconnection with life passion, and freedom.

Findings of this study suggest simultaneous processes of healing from trauma, posttraumatic growth and individual empowerment occurring when examined within an existential frame. Participants' history of trauma and their patterns for coping with the after-effects of trauma continues earlier oppression experienced. Experiencing a trauma leaves a survivor feeling powerless whereby coping mechanisms develop – often reexperiencing feelings of powerlessness in daily experiences. As they experienced *Leisure Connections* participants began to shift away from feeling powerless and the isolation of trauma to making *connections* with personal power in their awareness of their own choice, self-understanding and self-care, and with the social power possible in learning in connection with others. In relation to Arai's (1995) empowerment processes we may say *Leisure Connections* provides space to develop awareness, facilitating connecting and learning for change in the context of others, and being able to mobilize these changes in social context. As participants learn and integrate new skills and knowledge, practicing them in the groups of the Program for Traumatic Stress Recovery—*contribution* in the context of personal empowerment, *reconnection* in the Sanctuary model—they develop a sense of belonging based on more than previous experience of trauma. Taking healthy risks in leisure and experiencing the benefits of

self-determined connection to leisure pursuits changed participants' perception of their identity based on new experiences thereby facilitating reconnection and increasing psychological power. Participants experience intellectual and emotional growth as a result of the process of self-discovery regarding how they treated and valued themselves through choices made in their leisure time. This healing and wisdom was made possible in the support of others. Yalom (1980) refers to this as the importance of universality and as Herman (1992) describes, since trauma occurs in a social context it must be healed in a social context.

Practical Implications: Recommendations for Leisure Connections

In light of these findings and discussion highlighting processes of being and becoming, empowerment, and posttraumatic growth several recommendations for Leisure Connections are made.

The first recommendation is to incorporate a one-on-one reflective interview between the recreation therapist and each participant following *Leisure Connections*. The opportunity that participants had to reflect on their experiences in leisure and *Leisure Connections* in the interview deepened their connections. Participants are engaged in many groups and activities during their stay in the Program for Traumatic Stress Recovery that often epiphanies are forgotten. On a few occasions, participants described the benefit of the interview as they perceived it. They described the additional opportunity to reflect on their experiences as being helpful in making connections both in their understanding and in how they anticipate they will re-experience leisure in their lives. This interview should be semi-structured and allow participants to further reflect on their experiences in Leisure Connections.

Second, with this further analysis and insight into *Leisure Connections* it is possible to fine tune the stated program objectives and goals. In addition, the goals of *Leisure Connections* “(1) to increase group member’s awareness of how current leisure choices may not facilitate healthy coping, and how choices made in ‘free time’ may consciously or unconsciously re-enact aspects of their traumatic experience; (2) to create awareness and opportunities for group members to re-experience leisure in a way that increases health and positive well-being; and (3) to increase awareness of self in relation to leisure” (Griffin & Arai, 2008, p. 36) do not capture the magnitude of impact that *Leisure Connections* has on participants healing from trauma process.

Based on the findings from this study, the program objectives could be reworded as:

1. to increase group member’s awareness of how current leisure choices may not facilitate healthy coping, and how choices made in ‘free time’ may consciously or unconsciously re-enact aspects of their traumatic experience
2. to create awareness and opportunities for group members to re-experience leisure in a way that increases health, positive well-being and feelings of self-determination; and
3. to increase awareness of self in relation to leisure
 - b. to experience and be attentive to feelings (e.g. joy, sadness, anger) and learn new coping strategies within the context of leisure

Third, the outcomes related to leisure and healing from trauma should be revised. The connection between new experiences in leisure and a deeper understanding of the requirements for healing from trauma (e.g. safety, grounding, self-nurturing, connect with

affect) that emerge from *Leisure Connections*, is greater than traditional knowledge-based programming. Participants connections that emerge from participation in *Leisure Connections* are not limited to leisure but extend to understanding oneself, specifically, one's connection with their thoughts, feelings and needs; one's connection with leisure and; one's connection with others.

Methodological Implications

The findings from this study also provide insight into how the research process may provide participants with additional room for reflection and extend the therapeutic frame of the program being studied. Achieving this wisdom about oneself and sharing these epiphanies with others in *Leisure Connections*, facilitates the existential process of becoming. The interpretive research process itself provided participants with opportunity for further reflection. Throughout the interviews, participants commented that our discussion made them think about and reflect on their experiences in *Leisure Connections*. Anita articulated,

[T]hat's what I think is great [about the interview] because like I said you have to take so much in that sometimes you don't process it all. I'm sure I had a connection from day one in leisure [*Leisure Connections*] but now I've got so much more out of it cause I've realized it now rather than just kind of talking and feeling that day and going ok . . . I really had to sit and think about it . . . WOW. (Anita, Interview)

This study also highlights the use of multiple data collection approaches including not only interview but also observation and the reflection cards gathered during *Leisure Connections*. Observations in *Leisure Connections* were instrumental in gathering rich

data of participants' experiences in *Leisure Connections* as well as connections they made regarding their coping patterns and leisure. There were multiple times when participants experienced epiphanies during *Leisure Connections* but did not speak about these experiences during the interview. My observation of *Leisure Connections* enabled me to ask about these experiences. The primary source of data in the analysis process was the interview data. The interviews allowed participants to describe their experiences in leisure and *Leisure Connections*. During the analysis, the interview data was open coded and then observation data was compared to the codes that emerged from the data. The combination of observation and interview data provided rich data from which the majority of the themes emerged.

Although the Leisure and Recreation Involvement scale was administered, it did not contribute to understanding participants experiences in leisure and healing from trauma. In fact, when the score was explained to participants in the interview, a common response indicated a lack of understanding about leisure when completing the scale before beginning *Leisure Connections* or the scores puzzled participants. Both the observation and reflection cards then provided important information that could be explored in more depth during the interviews with participants.

The findings of the study also speak to the importance of the researcher's immersion in the study setting. This enables the researcher to have experiential knowledge that may be reflexively engaged in the data collection and analysis to deepen understanding. As the researcher, it was important to participate in the Assessment week programming of the Program for Traumatic Stress Recovery and the *Leisure Connections* group prior to collecting data. This helped me to understand the education component as

well as the community context which promotes practicing new coping skills. This deepened my understanding of the concepts described in the literature relating to trauma, healing and leisure in the therapeutic context. This deepened my understanding of connections between theoretical concepts and practical applications. Participants experience many epiphanies and boundary situations throughout their stay that prompting about specific situations garnered fuller data. In some instances, interviews with participants helped them to make connections about themselves in leisure.

I participated in the Assessment week programming to better understand the Program for Traumatic Stress Recovery, however; I did so prior to collecting data for my undergraduate thesis. I would have participated in the Assessment week programming again, nearer to the time that I collected this data. I have since discovered that I had my own personal fear and anxiety processes which in hindsight, I should have sought support for. This prohibited me from feeling completely connected to Homewood, however; each time I sat in *Leisure Connections* or interviewed a participant I would calm down and connect with the experience.

Limitations of the Study

Given that *Leisure Connections* is embedded within the Program for Traumatic Stress Recovery, it is difficult to separate the impacts that can be specifically attributed to *Leisure Connections* only. Interview questions were created knowing this limitation and asked specifically about experiences in *Leisure Connections* or asked participants to contrast experiences in *Leisure Connections* with experiences in other groups. Furthermore, participants engaged in many groups throughout their stay in the Program for Traumatic Stress Recovery including groups where participants discuss trauma

memories. As a result, participation in *Leisure Connections* or interviews with participants following an intense session recollecting and sharing trauma memories may impact their level of engagement in activities or discussions.

In reflecting on this study, another limitation was to have only women as participants. From previous experiences observing *Leisure Connections* and Janet's reflections, dynamics of the group shift with the inclusion of men, in particular when they have a history of military service. In hindsight, it would have been interesting to know the type of trauma that participants experienced to explore whether there is any difference in the *connections* that participants made with respect to leisure.

Although I know the point of entry into the Program for Traumatic Stress Recovery relative to beginning *Leisure Connections*, this was not used in the analysis to determine whether timing in the Program for Traumatic Stress Recovery impacted participants *connections* in leisure.

I would have been more present in the Program for Traumatic Stress Recovery during my data collection. I would have participated in community meetings and Playshop – not for the collection of data but to gain more self confidence. I was very afraid that my presence and my questions of causing participants to feel discomfort or worse – negatively impact their healing journey. Participants were not fragile, requiring me to protect them but the opposite is true; they are strong and courageous.

It would have added to the trustworthiness, specifically confirmability of my findings had I had the opportunity to have participants review my themes and provide feedback.

Future Research

The findings from this study have begun to unpack processes of empowerment posttraumatic growth following trauma and warrants further exploration. Qualitative

methods including observations in *Leisure Connections* as well as other leisure groups in the Program for Traumatic Stress Recovery would continue to examine the impact of *Leisure Connections* in participants understanding of leisure. Interviews with participants provide detail into individuals experiences. Completing an interview prior to beginning *Leisure Connections* would provide a better insight into participants experience in and understanding of leisure. Collecting and analyzing participants experiences *Leisure Connections* in comparison to when they entered the Program for Traumatic Stress Recovery. Research questions could include: What is the impact of other leisure groups in the Program for traumatic Stress Recovery? How does the timing of participation in *Leisure Connections* affect participants experience and healing outcomes?

Future research opportunities should be longitudinal, focusing on participants' epiphanies during *Leisure Connections* – specifically understanding whether the way participants understand leisure has changed or whether behaviours have also changed. Extending upon that, examining the extent to which behaviours have changed (i.e., whether participants behaviours have changed in isolated situations or whether these changes have been integrated into daily routines). The opportunity to follow-up with participants following their discharge from the Program for Traumatic Stress Recovery would be helpful to understand whether the changes in thinking, intending and behaving were translated beyond the Homewood environment.

Exploring how the demographics of the group (e.g. gender, age, culture and timing in the program) impact participant experiences in *Leisure Connections*. Specifically, the question to answer would be whether participants' opportunity for learning and practicing new leisure experiences differs depending on where they are in their time in the Program

for Traumatic Stress Recovery (e.g., immediately following Assessment, mid-way through their stay in week four, or at the end of their stay) and whether experiences in Craft Zone or Play Shop change based on the timing of participation in these other leisure opportunities in relation to *Leisure Connections*. It would also be interesting to examine whether the *Leisure Connections* group would yield similar benefits to participants' if not embedded within an eight-week in-patient program but rather as community therapy sessions.

There is also a question arising as to whether participants' experiences would change with a different group facilitator. Janet is passionate about leisure and healing from trauma and has a great commitment to her participants. She is mindful of participants experience and what she brings to the group during each session. Her self-reflective practice results in a fluid, evolving facilitation of *Leisure Connection* with the experience of many participants to share as a way of engaging current participants. Qualitative methods including observations, interviews and reflection cards could be used adding additional observation protocols and interview questions regarding the facilitator to answer the research question: What is Janet Griffin's impact on participants' experiences in *Leisure Connections*?

References

- Aldwin, C. M. (1994). *Stress, Coping, and Development: An Integrative Perspective*. New York, NY: The Guilford Press.
- Aldwin, C. M. & Levenson, M. R. (2004). Posttraumatic growth: A developmental perspective. *Psychological Inquiry*, 15, 1: 19-22.
- Austin, D. R. & Crawford, M. E. (1996). *Therapeutic Recreation* (2nd ed). Boston, MA: Allyn and Bacon.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed). Washington, DC: American Psychiatric Press.
- Arai, S. M. & Burke, R. (2010). Poverty and leisure as social determinants of health: The politics of oppression and transformation in social policy. In H. Mair, S. M. Arai & D. G. Reid (Eds.), *Decentering work: Critical perspectives on leisure, social policy, and human development* (pp.119-143): Calgary, AB: University of Calgary Press.
- Arai, S. M. (1997). Empowerment: From the theoretical to the personal. *Leisurability*, 24, 1: 3-11.
- Arai, S. M. (1996). Benefits of citizen participation in a Healthy Communities Initiative: Linking community development and empowerment. *Journal of Applied Recreation Research*, 21, 1: 25-44.
- Arai, S. M., Griffin, J., Miatello, A. & Greig, C. L. (2008). Leisure and recreation involvement in the context of healing from trauma. *Therapeutic Recreation Journal*, 42, 1: 37-55.
- Arai, S. M., Mock, S. E. & Gallant, K. A. (2011). Childhood traumas, mental health and physical health in adulthood: Testing physically active leisure as a buffer. *Leisure/Loisir*, 35, 4: 407-422
- Auerbach, C. F. & Silverstein, L. B. (2003). *Qualitative Data: An Introduction to Coding and Analysis*. New York, NY: New York University Press.
- Banyard, V. L. & LaPlant, L. E. (2002). Exploring links between childhood maltreatment and empowerment. *Journal of Community Psychology*, 30, 6: 687-707.
- Bass, E. & Davis, L. (1994). *The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse* (3rd ed). New York, NY: HarperCollins Publishers.

- Bauman, S. & Waldo, M. (1998). Existential theory and mental health counseling: If it were a snake, it would have bitten! *Journal of Mental Health Counseling*, 20, 1, 13-28.
- Bills, L. J. (2003). Using trauma theory and SAGE in outpatient psychiatric practice. *Psychiatric Quarterly*, 74, 2, 191-203.
- Blaxter, M. (1990). *Health and Lifestyles*. New York, NY, Routledge.
- Bloom, S. (2000). Creating Sanctuary: Healing from Systematic abuses of power. *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations*, 21, 2, 6-27.
- Bloom, S. L. (1994). The Sanctuary model: Developing generic inpatient programs for the treatment of psychological trauma. In Williams, M. B. & Sommer, J. F. Jr. (Eds.) *Handbook of Post-traumatic Therapy*. Westport, CT: Greenwood Press.
- Bodvarsdottir, I. & Elklit, A. (2004). Psychological reactions in Icelandic earthquake survivors. *Scandinavian Journal of Psychology*, 45, 3, 3-13.
- Bowman, T. (1999). Shattered dreams, resiliency, and hope: "Restorying" after loss. *Journal of Personal and Interpersonal Loss*, 4: 179-193.
- Bremner, J. D. (2002). *Does Stress Damage the Brain?: Understanding trauma-related disorders from a mind-body perspective*. New York, NY: W. W. Norton & Company
- Calhoun, L. G. & Tedeschi, R. G. (2004). The foundations of Posttraumatic growth: New considerations. *Psychological Inquiry*, 15, 1: 93-102.
- Calhoun, L. G. & Tedeschi, R. G. (1998). Beyond recovery from trauma: Implications for clinical practice and research. *Journal of Social Issues*, 54, 2: 357-371.
- Calhoun, L. G. & Tedeschi, R. G. (2004). The foundations of posttraumatic growth: New considerations. *Psychological Inquiry*, 15, 1:93-102.
- Canadian Mental Health Association. (2012). Stress. Retrieved March 8, 2012 from http://www.cmha.ca/bins/content_page.asp?cid=2-28
- Centre for Addiction and Mental Health. (2010a). Info on Stress. Retrieved November 28, 2011 from http://www.camh.net/About_Addiction_Mental_Health/AMH101/info_stress.html
- Centre for Addiction and Mental Health. (2010b). Common questions about trauma. Retrieved November 28, 2011 from

http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/commonquestionsabouttrauma.html

- Centre for Addiction and Mental Health. (2009). Treating trauma responses and simple PTSD. Retrieved December 30, 2011 from http://knowledgex.camh.net/amhspecialists/specialized_treatment/trauma_treatment/Pages/treat_simple_PTSD.aspx
- Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J. & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82, 2:217-225.
- Charmaz, K. (2006). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. Thousand Oaks, CA: Sage Publications.
- Chase, S. E. (2005). Narrative inquiry: Multiple lenses, approaches, voices. In Denzin, N. K. & Lincoln, Y. S. (Eds.) *The Sage handbook of qualitative research* (651-679). Thousand Oaks, CA: Sage Publishing.
- Coleman, D. (1993). Leisure based social support, leisure dispositions and health. *Journal of Leisure Research*, 25, 4, 350-361.
- Coleman, D. & Iso-Ahola, S. (1993). Leisure and health: The role of social support and self-determination. *Journal of Leisure Research*, 25, 2, 111-128.
- Corey, G. (1996). Existential therapy. *Theory and practice of counselling and psychotherapy* (5th ed.). Pacific Grove, CA: Brooks/Cole Publishing.
- Cottrell, R. R. & McKenzie, J. F. (2005). *Health Promotion and Education Research Methods: Using the Five-chapter Thesis/Dissertation Model*. Sudbury, MA: Jones and Bartlett Publishers.
- Creswell, J. W. (1998). *Qualitative Inquiry and Research Design: Choosing Among Five Traditions*. Thousand Oaks, CA: SAGE Publications.
- Deci, E. L. & Ryan, R. M. (1985). *Intrinsic Motivation and Self-Determination in Human Behaviour*. Lexington, MA: Lexington Books.
- Epstein, S. (1991). The self-concept, the traumatic neurosis, and the structure of personality. In Ozer, D., Healy, J. H. & Stewart, A. J. (Eds.). *Perspectives in Personality* (49-60). New York, NY: Free Press.
- Fisher, S. (1984). *Stress and the Perception of control*. The basics of personal control (Chapter 2). Hillsdale, NJ: Lawrence Erlbaum Associates, Publishers.

- Frankl, V. E. (1984). *Man's search for meaning: An intro to logotherapy*. (3rd ed.). (Part 2, Logotherapy in a nutshell). New York, NY: Simon and Schuster Inc.
- Frankl, V. E. (1967). *Psychotherapy and Existentialism: Selected papers on Logotherapy*. New York, NY: Washington Square Press.
- Friedberg, J. P., Adonis, M. N., Von Bergen, H. A. & Suchday, S. (2005). September 11th related stress and trauma in New Yorkers. *Stress and Health*, 21, 1: 53-60.
- Friedmann, J. (1992). *Empowerment: The politics of alternative development*. Cambridge, MA: Blackwell.
- Gibson, C. H. (1991). A concept analysis of empowerment. *Journal of Advanced Nursing*, 16: 354-361.
- Glaser, B. G. & Strauss, A. L. (1967). *The Discovery of Grounded Theory; strategies for qualitative research*. Chicago, IL: Aldine Publishing Company.
- Green, J. & Thorogood, N. (2004). *Qualitative Methods for Health Research*. (Chapter 8, Analyzing qualitative data). Thousand Oaks, CA: Sage Publications.
- Griffin, J. (2005). Recreation therapy for adult survivors of childhood abuse: Challenges to professional perspectives and the evolution of a leisure education group. *Therapeutic Recreation Journal*, 39, 3: 207-228.
- Griffin, J. (2002). Clinical recreation therapy for adult survivors of childhood sexual abuse. *Leisure Information Network*. Retrieved October 18, 2005, from [http://www.lin.ca/resource/html/sp0114\(8\).pdf](http://www.lin.ca/resource/html/sp0114(8).pdf)
- Griffin, J. & Arai, S. M. (2008). A program logic model of *Leisure Connections*: Recreation therapy in the context of trauma. *TRO Research Annual*, 6: 35-48.
- Guardo, C. J. (1975). The helping process as developmental existentialism. *Personnel and Guidance Journal*, 53, 7: 493-499.
- Harmand, J, Ashlock, L. E. & Miller, T. W. (1993). Treating Post-Traumatic Stress Disorder among Vietnam combat veterans: An existential perspective. *Journal of Contemporary Psychotherapy*, 23, 4: 281-291.
- Harry, B., Sturges, K. M. & Klingner, J. K. (2005). Mapping the process: An exemplar of process and challenge in grounded theory analysis. *Educational Researcher*, 34, 2: 3-13.
- Herman, J. L. (1992). *Trauma and recovery*. New York, NY: Basic Books.

- Homewood Health Centre. (2004). The Program for Traumatic Stress Recovery.
Available from: Homewood Health Centre, 150 Delhi St., Guelph, ON, CA, N1E 6K9.
- Homewood Health Centre (2011). Program for Traumatic Stress Recovery. Retrieved February 16, 2012 from
[http://www.homewood.org/healthcentre/main.php?tID=1&sID=1&lID=3#Describe the teams](http://www.homewood.org/healthcentre/main.php?tID=1&sID=1&lID=3#Describe%20the%20teams)
- Hulley, S. B., Cummings, S. R., Browner, W. S., Grady, D., Hearst, N. & Newman, T. B. (2001). *Designing Clinical Research: An Epidemiologic Approach* (2nd ed). Philadelphia, PA: Lippincott Williams & Wilkins.
- Hutchinson, S. L., Bland, A. D. & Kleiber, D. A. (2008). Leisure and stress-coping: Implications for therapeutic recreation practice. *Therapeutic Recreation Journal*, 42, 1: 9-23.
- Hutchinson, S. L., Loy, D. P., Kleiber, D. A. & Dattilo, J. (2003). Leisure as a coping resource: Variations in coping with traumatic injury and illness. *Leisure Sciences*, 25, 143-161.
- Hutchison, P. & McGill, J. (1998). *Leisure, Integration, and Community* (2nd ed.). Toronto, ON, Leisurability Publications.
- International Society for Traumatic Stress Studies. (2012). What is traumatic stress? Retrieved March 8, 2012 from
<http://www.istss.org/AM/Template.cfm?Section=WhatIsTrauma&Template=/CM/ContentDisplay.cfm&ContentID=4366>
- Iso-Ahola, S. E. (1980). *The Social Psychology of Leisure Recreation*. Dubuque, IA: Wm. C. Brown.
- Iso-Ahola, S. E. & Park, C. J. (1996). Leisure-related social support and self-determination as buffers of stress-illness relationship. *Journal of Leisure research*, 23, 3, 169-187.
- Iwasaki, Y. (2003). Examining rival models of leisure coping mechanisms. *Leisure Sciences*, 25: 183-206.
- Iwasaki, Y. (2006). Counteracting stress through leisure coping: A prospective health study. *Psychology, Health & Medicine*, 11, 2: 209-220.
- Iwasaki, Y. & Mannell, R. C. (2000). Hierarchical dimensions of leisure stress coping. *Leisure Sciences*, 22: 163-181.

- Iwasaki, Y., Zuzanek, J. & Mannell, R. (2002). Social support, self-esteem, and sense of mastery as mediators of the relationships among physically active leisure, stress and health. *Leisure*, 26, 3-4: 257-287.
- Kleiber, D. (1999). *Leisure Experience and Human Development: A Dialectical Interpretation*. New York, NY: Basic Books.
- Klitzing, S. W. (2004). Women living in a homeless shelter: Stress, coping and leisure. *Journal of Leisure Research*, 36, 4: 483-512.
- Labonte, R. (1996). Community empowerment and leisure. *Leisurability*, 23, 1, 4-20.
- Labonte, R. (1992). Health promotion and empowerment practice frameworks (Chapter 3). *Issues in Health Promotion*. Toronto, ON: Centre for Health Promotion.
- Lantz, J. & Gaymerah, J. (2002). Existential family trauma therapy. *Contemporary Family Therapy*, 24, 2, 243-255.
- Lantz, J. & Lantz, J. (1992). Franklian psychotherapy with adults molested as children. *Journal of Religion and Health*, 31, 4: 297-307.
- Lazarus, R. S. (1966). *Psychological Stress and the Coping Process*. New York, NY: McGraw-Hill Book Company.
- Lazarus, R. & Folkman, S. (1984). *Stress, Appraisals, and Coping*. Springer Publishing Company: New York, NY.
- Lee, Y. & McCormick, B. P. (2002). Sense making process in defining health for people with chronic illnesses and disabilities. *Therapeutic Recreation Journal*, 36, 3:235-246.
- Lincoln, Y. S. & Guba, E. G. (1985). *Naturalistic inquiry*. (Chapter 11 – Trustworthiness). Newbury Park, CA: Sage.
- Linley, P. A. & Joseph, S. (2004). Positive change following trauma and adversity: A review. *Journal of Traumatic Stress*, 17, 1: 11-21.
- Loftland, J. & Loftland, L. H. (1995). *Analyzing social settings: A guide to qualitative observations and analysis*. (Chapter 9, Developing analysis). Belmont, CA: Wadsworth Publishing.
- Lord, J. (1991). *Lives in Transition: The Process of Personal Empowerment*. Kitchener, ON: Centre for Research and Education in Human Services.
- Lord, J. & Hutchison, P. (1993). The process of empowerment: Implications for theory and practice. *Canadian Journal of Community Mental Health*, 12, 1: 5-22.

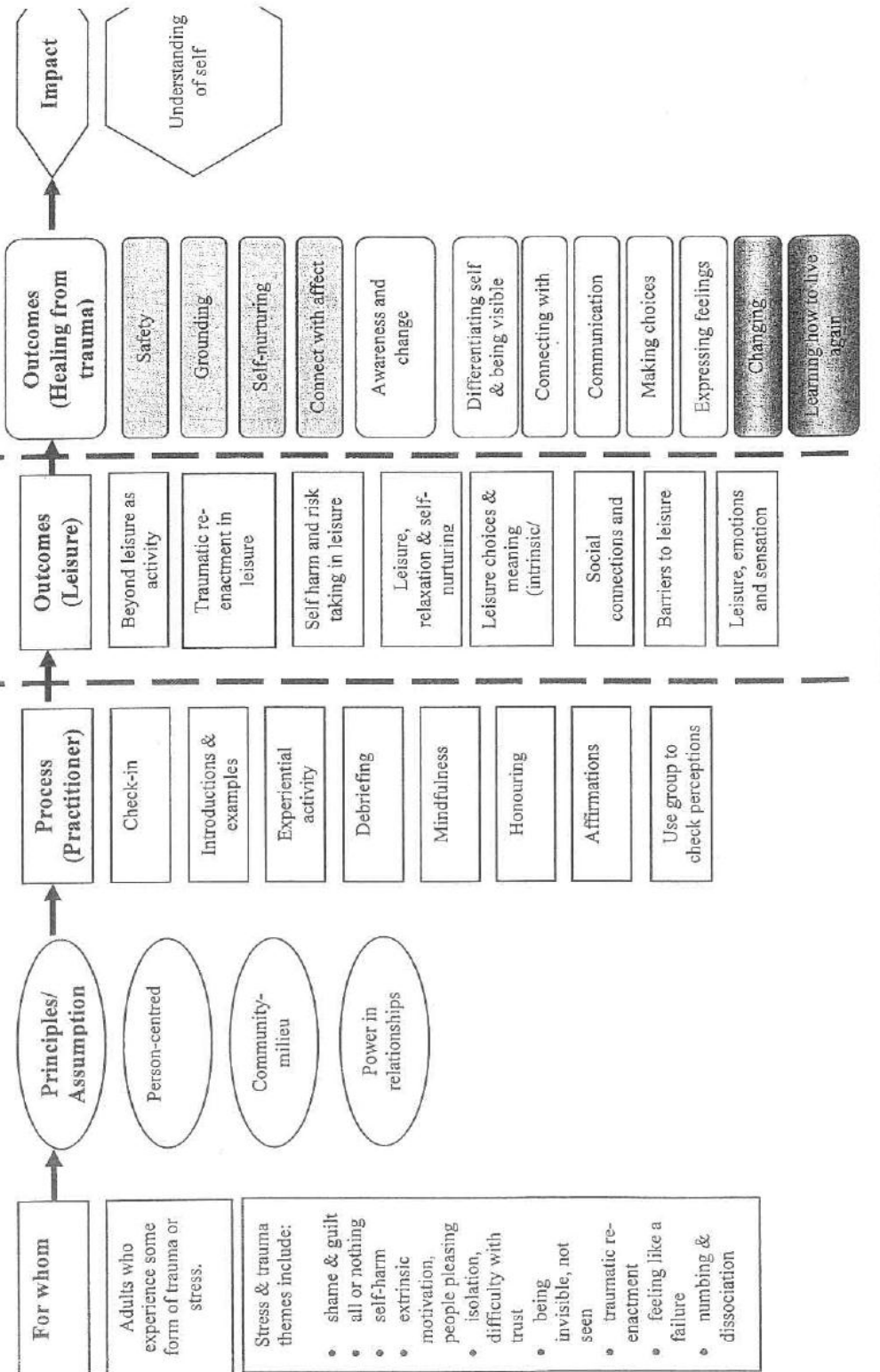
- Lubin, H., Loris, M., Burt, J. & Johnson, D. R. (1998). Efficacy of psychoeducational group therapy in reducing symptoms of Posttraumatic Stress Disorder among multiply traumatized women. *American Journal of Psychiatry*, 155, 9: 1172-1177.
- MacDonald, C., Chamberlain, K., Long, N. & Flett, R. (1999). Posttraumatic Stress Disorder and interpersonal functioning in Vietnam war veterans: A mediational model. *Journal of Traumatic Stress*, 12, 4, 701-708.
- Maddi, S. R. (2004). Hardiness: An operationalization of existential courage. *Journal of Humanistic Psychology*, 44, 3: 279-298.
- Malterud, K. (2001). Qualitative research: Standards, challenges and guidelines. *The Lancet*, 358:483-488.
- Mannell, R. C. & Kleiber, D. A. (1997). *A Social Psychology of Leisure*. State College, PA: Venture Publishing Inc.
- Mascaro, N. & Rosen, D. H. (2005). Existential meaning's role in the enhancement of hope and prevention of depressive symptoms. *Journal of Personality*, 73, 4, 985-1013.
- Matsakis, A. (1996). *I can't get over it-A handbook for trauma survivors*. Oakland, CA: New Harbinger Publications
- Matustik, M. B. (2002). Existential social theory after poststructuralist and communication turns. *Human Studies*, 25:147-164.
- Meister, T. & Pedlar, A. (1992). Leisure patterns and needs of adult survivors of childhood sexual abuse. *Leisure Today*, 52-55.
- Miatello, A. (2005). *Evaluating Leisure Connections: A combined process and outcome program evaluation*. Unpublished honour's thesis, Brock University, St. Catharines, Ontario, Canada.
- Miller, E. D. & Harvey, J. H. (2001). The interface of positive psychology with a psychology of loss: A brave new world? *American Journal of Psychotherapy*, 55, 3: 313-322.
- Miller, B. & Pedlar, A. (2006). Self-reflective practice in therapeutic recreation: Celebrating the authenticity and humanism of our practice. *TRO Research Annual*, 4: 34-43.
- Mock, S. E. & Arai, S. M. (2011). Childhood trauma and chronic illness in adulthood: Mental health and socioeconomic status as explanatory factors and buffers. *Frontiers in Developmental Psychology*, 1, 1-6.

- Monat, A. & Lazarus, R. S. (1991). Introduction: Stress and coping – some current issues and controversies. In Monat, A. & Lazarus, R. S. (Eds.) *Stress and Coping: An Anthology* (3rd ed). New York, NY: Columbia University Press.
- Mulder, R. T., Beautrais, A. L., Joyce, P. R. & Ferguson, D. M. (1998). Relationship between sexual dissociation, childhood sexual abuse, childhood physical abuse, and mental illness in a general population sample. *American Journal of Psychiatry*, 155: 806-811.
- Muller, J. H. (1999). Narrative approaches to qualitative research in primary care. In Crabtree, B. F. & Miller, W. L. (Eds.) *Doing qualitative research* (221-238). Thousand Oaks, CA: Sage Publications.
- Nolen-Hoeksema, S. & Davis, C. G. (2002). Positive responses to loss: Perceiving benefits and growth. In Snyder, C. & Lopez, S. (Eds.) *Handbook of Positive Psychology* (598-607). New York, NY: Oxford University Press.
- Panzer, P. G. & Bloom, S. L. (2003). Introduction to the special section on Sanctuary principles and practice in clinical settings. *Psychiatric Quarterly*, 74, 2:115-117.
- Patton, M. Q. (2002). *Qualitative research evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage Publications
- Pelletier, L.G., Tuson, K.M. & Haddad, N.K. (1997). Client motivation for therapy scale: A measure of intrinsic motivation, extrinsic motivation, and amotivation for therapy. *Journal of Personality Assessment*, 68, 2, 414-435.
- Pelletier, L. G., Vallerand, R. J., Green-Demers, I., Blais, M. R. & Brière, N. M. (1996). Towards a multidimensional motivational conception of leisure: construction and validation of the Échelle de motivation vis-à-vis des loisirs (EML). *Loisir et Société*, 19, 2, 559-585.
- Putnam, F. (1993). Dissociative disorders in children: Behavioural profiles and problems. *Child Abuse and Neglect*, 17:39-45.
- Rabkin, J. G. (1993). Stress and psychiatric disorders. In Goldberger, L. & Breznitz, S (Eds). *Handbook of stress: Theoretical and clinical aspects* (2nd ed) (477-495).
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15, 2: 121-148.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1: 1-25.

- Regehr, C., Hill, J., Knott, T. & Sault, B. (2003). Social support, self-efficacy and trauma in new recruits and experienced firefighters. *Stress and Health, 19*, 4, 189-194.
- Rissel, C. (1994). Empowerment: The holy grail of health promotion. *Health Promotion International, 9*, 1: 39-47.
- Santrock, J. W. & Mitterer, J. O. (2001). *Psychology* (1st Canadian ed). Toronto, ON: McGraw-Hill Ryerson Limited.
- Scheeringa, M. S., Zeanah, C. H., Myers, L. & Putnam, F. (2004). Heart period and variability findings in preschool children with Posttraumatic Stress symptoms. *Biological Psychiatry, 55*, 7:685-691.
- Schiraldi, G. R. (2000). *The Post-Traumatic Stress Disorder Sourcebook-A guide to healing, recovery, and growth*. Los Angeles, CA: Lowell House.
- Segal, S. P., Silverman, C. & Temkin, T. (1995). Measuring empowerment in client-run self-help agencies. *Community Mental Health Journal, 31*, 3: 215-227.
- Selye, H. (1991). History and present status of the stress concept. In Monat, A. & Lazarus, R. S. (Eds.) *Stress and Coping: An Anthology* (3rd ed). New York, NY: Columbia University Press.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. (Chapter 1, Introduction). Cambridge, NY: Cambridge University Press.
- Stumbo, N. J. & Peterson, C. A. (1998). The leisure ability model. *Therapeutic Recreation Journal, 2*, 82-96.
- Taylor, S. (2003). *Health Psychology* (5th ed). New York, NY: McGraw-Hill.
- Tedeschi, R. G. & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*, 1: 1-18.
- Therapeutic Recreation Ontario. (2003). *Standards of Practice for Therapeutic Recreation*. Retrieved on March 8, 2012 from http://www.trontario.org/uploads/TRO_Standards_of_Practice.pdf
- Tugade, M. M. & Fredrickson, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology, 86*, 2, 320-333.
- Turell, S. C. & Armsworth, M. W. (2000). Differentiating incest survivors who self mutilate. *Child Abuse and Neglect, 24*, 2, 237-249.

- van Deuzen-Smith, E. (1997). *Everyday Mysteries: Existential Dimensions of Psychotherapy*. London, UK: Routledge.
- van der Kolk, B. A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. *Psychiatric Clinics of North America*, 12, 2, 389-411.
- van der Kolk, B. A. & McFarlane, A. C. (1996). The black hole of trauma. In van der Kolk, B. A., McFarlane, A. C. & Weisaeth, L. (Eds.) *Traumatic Stress: The effects of overwhelming experience on mind, body, and society*. (3-23) New York, NY: The Guilford Press.
- Wallerstein, N. (1992). Powerlessness, empowerment, and health: Implications for health promotion programs. *American Journal of Health Promotion*, 6, 3: 197-205.
- Wright, D. C., Woo, W. L., Muller, R. T., Fernandes, C. B. & Kraftcheck, E. R. (2003). An investigation of trauma-centred inpatient treatment for adult survivors of abuse. *Child Abuse and Neglect*, 27: 393-406.
- Wright, D. C. & Woo, W. L. (2000). Treating post-traumatic stress disorder in a therapeutic community: The experience of a Canadian psychiatric hospital. *Therapeutic Communities: The International Journal for Therapeutic and supportive organizations*, 21, 2: 105-118.
- World Health Organization. (1986). Ottawa Charter for Health Promotion. Retrieved September 23, 2005, from <http://www.hc-sc.gc.ca/hppb/phdd/pdf/charte.pdf>
- Yalom, I. D. (1980). *Existential Psychotherapy*. New York, NY: Basic Books.
- Zimmerman, M. A. & Rappaport, J. (1988). Citizen participation, perceived control, and psychological empowerment. *American Journal of Community Psychology*, 16, 5: 725-750.

Appendix A – Program Logic Model-Leisure Connections



Appendix B – Methodology

This study combined the literature on healing from trauma and existential therapy with the therapeutic benefits of leisure as reported in published literature. The purpose of this interpretive grounded theory study was to explore adult survivors of trauma's understanding of leisure during participation in *Leisure Connections*. The *Leisure Connections* group is a four session psycho-educational group that is facilitated by a recreation therapist. This group is embedded within the 8-week in-patient Program for Traumatic Stress Recovery at the Homewood Health Center in Guelph, Ontario.

The experience of trauma is different from stress in the magnitude and severity of symptoms. Physiological and psychological responses to trauma result from experiences in the past that keep the survivors coping mechanisms engaged in the present (Schiraldi, 2000). Strategies for coping permeate all aspects of life. Leisure time in many cases is a healthy mechanism for coping with stress (Coleman, 1993; Iso-Ahola, 1980; Iwasaki, 2003; Iwasaki, Zuzanek & Mannell, 2002; Tugade & Fredrickson, 2004). This becomes a concern when leisure becomes a way to escape or avoid feelings, facilitates isolation from others or recreates the thoughts and feelings associated with the previous traumatic experiences (Griffin, 2005). This phenomenon challenges the current understanding of leisure since the experience of stress is different from lasting effects of trauma. This research is based on the following three research questions:

- **How does *Leisure Connections* provide a context for healing?**
- **How do participants' understandings of leisure change as adult survivors of trauma experience *Leisure Connections*?**
- **What is the connection between leisure and healing?**

Grounded theory is described as the development of theory that emerges from data (Charmaz, 2006; Cottrell & McKenzie, 2005; Glaser & Strauss, 1967; Green & Thorogood, 2004). Glaser and Strauss are credited in the literature as the developers of this tradition of inquiry in qualitative research methods (Charmaz, 2006; Green & Thorogood, 2004). Guiding principles for the development of a grounded theory are founded on data and involve a cyclical process of gathering data, analyzing and writing. As the analysis uncovers new themes in the data, a return to data collection is useful to gather rich, full data (Charmaz, 2006). The data collection methods employed in this research, are consistent with common data collection methods used for grounded theory. These methods include one-on-one interviews with *Leisure Connections* participants as well as observations of *Leisure Connections* (Charmaz, 2006; Patton, 2002). Interviews included questions focused on background, experience, and feeling and knowledge questions (Patton, 2002). Unobtrusive observations allowed me to capture participants experiences during the sessions, providing me the opportunity to prompt for more detail regarding experiences in *Leisure Connections* during the interviews (Creswell, 1998; Patton, 2002). Observations were group specific including content of and interactions in *Leisure Connections*. (Charmaz, 2006).

Auerbach and Silverstein (2003) indicate expanded opportunities to generate knowledge using grounded theory without having a solid research question or pre-determined variables. Charmaz (2006) indicates that as a result of previous interaction with data or literature, researchers and graduate students may have much knowledge entering the data collection and analysis process. It is important in these instances, to use this knowledge as “tentative tools” (p. 17) that facilitate data collection yet allowing the

themes to emerge from the data (Charmaz, 2006). In this research, I had previous experience collecting data during and following *Leisure Connections* for my undergraduate thesis. The knowledge that emerged from the initial data collection I conducted enabled me to have a better understanding of Janet's facilitation technique and the content of the *Leisure Connections* sessions.

Data collection occurred during the months of November and December 2006. These steps are described in the following sections.

Recruitment

In the weeks leading up to the commencement of data collections, I met with prospective participants for the purpose of recruitment. Steps were taken upon entry into the field to inform and engage prospective participants as well as the staff in the Program for Traumatic Stress Recovery.

One month prior to beginning data collection I signed all necessary documentation required for my work at the hospital. Eight days before the beginning of the first *Leisure Connections* session that I observed, I went to Homewood to begin recruitment. On that morning in November, I met with Janet and she re-introduced me to the staff members of the Program for Traumatic Stress Recovery in the Nurses' Station. She also provided me with the weekly schedules for the Assessment, Treatment and Discharge phases.

On the same day at 8:30 am, I attended a Program for Traumatic Stress Recovery Community Meeting and introduced myself and the research project briefly to all clients. These mandatory community meetings were held twice per week whereby all clients in the Program for Traumatic Stress Recovery came together to discuss issues pertaining to the community and practice skills learned in their healing groups. Participants are

encouraged to share anything that helped them in their healing, gave them inspiration or something they were grappling with (e.g. a poem, a song, a picture, an obituary) that they wanted to share with the community. On this day, one participant read a poem that she found to be inspirational. Participants discussed plans for the weekly graduation celebration and issues relating to supplies for the kitchen. I indicated that I would be following-up with the individuals registered in the upcoming block of *Leisure Connections* to discuss in greater detail the research project.

Following the meeting, I obtained a list of the patients in the Program for Traumatic Stress Recovery who were also enrolled in the specified block of *Leisure Connections* as well as their discharge dates. This ensured that the interview times following *Leisure Connections* were scheduled before participants left Homewood. That same morning, I visited each of the eight prospective participants at their rooms to schedule appointments. Only one person was available, so we set an appointment to discuss the research project and the informed consent process. For the seven who were unavailable, I taped an appointment reminder card, information-side down on their bedroom doors similar to standard procedure by nurses and practitioners in the Program for Traumatic Stress Recovery. I also wrote these appointments into the main schedule book located in the nurses' station to ensure there would be no overlapping appointments.

In the eight days prior to the first session of *Leisure Connections* (excluding Saturday and Sunday), I visited each prospective participant at their room. I introduced myself, I answered questions that individuals had regarding this research, we discussed the aim of the project, what their involvement entailed and invited them to participate. Helen and Marion were hesitant to participate. Marion had just begun the Program for

Traumatic Stress Recovery and was feeling a little overwhelmed. She was on a waiting list to enter the Program for Traumatic Stress Recovery and she was offered this space due to a cancellation because of the timing over the Christmas holidays. She had been waiting for months already and was eager to begin. I reassured prospective participants that to minimize the impact of this research on their healing journey, Janet was unaware of their participation. The only thing that she knew was that everyone had agreed to allow me to conduct observations of the group. For those who choose to participate, the letter of introduction was given to the participants which included the informed consent form (see Appendix C). The informed consent form was read aloud by the researcher with the participant and two copies were signed by both the participant and the researcher. One was left for the participant and the other I kept. For those who choose not to participate in the research, an informed consent form was reviewed and signed to ensure that the two individuals did not take issue with my presence in the *Leisure Connections* group. It was explained that observations of the overall group themes and interactions would be recorded however nothing specific about their experience in the *Leisure Connections* group would be recorded.

At the end of our visit, I described what participants would expect of me during the *Leisure Connections* group. I would attend the group to observe and therefore would not be actively participating. I would have a pen and a notebook to write down the ideas and discussions that emerged. Finally, we set a meeting date and time following the completion of the last *Leisure Connections* session to complete an interview. I indicated that I would place a reminder card on their door the day before our scheduled interview appointment which would indicate the location of our meeting. I thanked each individual

for their time and for participating in the research. I wished them a good day and departed indicating that I would see them at *Leisure Connections*. On Wednesday, the day of the first session of *Leisure Connections*, I met with one participant whom had wanted some extra time to think about the research. They decided not to participate and thus we discussed my observation of the group and completed the informed consent process. This was the same process that I followed with another participant of *Leisure Connections* whom had decided not to participate in the research. Janet and I met prior to the session to ensure all participants had been contacted and that all had given consent for me to observe the group. She ensured that I met with the *Leisure Connections* participant who was looking for me and I indicated that we had connected.

Participants

The maximum number of participants in any block of *Leisure Connections* is eight. The initial sampling technique for this study was a consecutive sample (Hulley et al., 2001). Consecutive sampling by definition, indicates that all subjects in the given population are invited to participate (Hulley et al., 2001). In the case of *Leisure Connections*, all participants enrolled in the specified four session block were invited to participate in this research.

Of the eight individuals enrolled in the block of *Leisure Connections* that was part of this research, six women chose to participate. One man and one woman chose not to participate but were willing to allow me to observe the group despite their choice not to be part of the research. The participants in this study were described further in Chapter Four.

Data Collection

The nature of this research project required the use of multiple methods for data collection to ensure a complete “story” of participants’ experience. This is supported by Charmaz (2006) and Patton (2002) and both described various methods of collecting data. For this research I employed narrative interviews with the participants of *Leisure Connections* and observations made at each of the *Leisure Connections* sessions. In addition, reflection cards completed by participants following each session were collected and transcribed verbatim. *Leisure Connections* met early in the afternoon on Mondays and Wednesdays each week. The timeline depicting the sequence of data collection (see Figure 5) will be explained in greater detail throughout this section.

November			mid-December		
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Recruitment	→				
		<i>Leisure Connections</i> observations			
				Interview	→

Figure 5: Data collection timeline.

Observations were made and recorded at each of the four *Leisure Connections* sessions. A protocol for the observations is attached in Appendix D. Before and after each session, a brief check-in with the Recreation Therapist was conducted. Upon completion of the last *Leisure Connections* session, a one-on-one interview was completed with each participant. Appointment reminder cards were distributed for the follow-up interviews one day prior to the scheduled interview times. This face-to-face interview lasted 30 to 70 minutes. There was a series of 7-10 questions, using prompts as needed to gather more in-depth information from the participants. A copy of the

interview guide used can be found in Appendix E. Anita, Laura and Teresa responded to questions and prompts describing their experiences. Interviews with these participants took the form of conversations and I felt comfortable and confident. Marion and Helen were willing to respond to the questions I posed but the interviews did not feel like conversations the way they had with the aforementioned participants. Helen had a difficult time in process group earlier in the day and she was beading in her room. She invited me in and asked if I minded if she continued beading while we spoke. Mary's interview was the shortest and was left me feeling somewhat frustrated. She had cancelled two of our appointments without notice and when we finally did meet, she did not articulate her experiences and responses to questions were vague.

Upon completion of the interview, I requested a copy of participants' completed reflection cards which I photocopied and promptly (on the same day) returned to each participant. I secured the reflection cards from all participants excluding Mary. She had forgotten that I wanted them and she had thrown them in the garbage as she cleaned her room in preparation for her departure from the Program for Traumatic Stress Recovery. Following the interviews, I delivered a thank you letter to each of the participants who were involved in the research. This was a form letter (see Appendix F) on which I included a personal message to each participant.

Upon completion of data collection, I gave the keys to Dr. Arai who began her block of data collection at the Homewood Health Centre in *Leisure Connections* early in 2007.

Interviews

Charmaz (2006) and Cottrell and McKenzie (2005) suggest interviews as an appropriate method of data collection when the researcher seeks to understand the experience of a participant who is knowledgeable about the topic. Interviewing was also purported as the primary method of collecting data when the tradition of inquiry is grounded theory. The interview data was supplemented by observations and document analyses as is recommended by Charmaz and Creswell (1998).

The interviews were semi-structured and an interview guide was used at each interview. This guide contained the questions that were posed to each participant with additional prompts to be used for gathering additional information (Charmaz, 2006; Creswell, 1998). The goal was a narrative interview, characterized as a conversation where the participant shares their “stories” that pertain to each of the questions posed by the researcher (Chase, 2005). The questions were open-ended and sought to obtain the “story” of the participants’ in their healing journey and their experiences in leisure. During the interviews, I asked participants about specific experiences that I had recorded in my observation notes. Reminding participants about the epiphanies that they experienced in *Leisure Connection* facilitated deeper reflection among participants and a more complete description of their experiences. This process was challenging as a new researcher who took comfort in having an interview guide to follow and emergent questions based on observations added richness while also providing me with a growth opportunity.

This method was consistent with literature that sought to deepen the understanding of individuals experience especially in relation to health research (Charmaz, 2006;

Muller, 1999). The interviews lasted between 30 and 70 minutes. The questions for this interview were developed and refined based on sensitizing concepts which emerged from previous data collection at the *Leisure Connections* sessions.

Patton (2002) described various types of questions that can be asked in an interview. Types of questions that were asked include background experience questions, feeling questions and knowledge questions (Patton). To understand how participants' define leisure and incorporate it into their lives, the following topics were investigated. How is free time spent and how does it feel, issues around safety and self-nurturing, how connecting and communicating with others is experienced, and how one's outlook on life changes as a result of their healing experiences at Homewood with particular interest in *Leisure Connections* in contrast to other leisure groups in the Program for Traumatic Stress Recovery.

The narrative interview was an effective way to gather information on an individual's subjective experience and the meaning that is associated with such experiences (Chase, 2005; Muller, 1999). Chase (2005) purported that the narrative interview process is fundamentally different than other interview techniques. This moves away from the assumption that the researcher is the one with questions and the interviewee provides responses. Although I still posed questions to participants, Anita, Laura and Teresa's responses resembled "stories", narrated by each of them. Similar to grounded theory assumptions, the researcher does not anticipate how the stories will unfold or the content of the stories (Charmaz, 2006). Although themes from the pilot research emerged and formed the foundation of the interview questions for this study, there was no assumption that these questions would provide a complete picture. The

narrative interview allowed the opportunity for participants to share their experiences in leisure and healing from trauma while allowing me to pose clarifying questions, probe for more detail and check out similar experiences among participants (Charmaz).

An interview with each participant was conducted upon completion of the *Leisure Connections* group. An interview guide was used (see Appendix E). These questions delved into what had changed for participants' since completing *Leisure Connections* and focused on participants' understanding of leisure and the meaning they place on leisure in their lives. Participants were asked to share specific examples of situations in which they have made different choices. Anita discussed her new found leisure experience with her husband, Laura described setting boundaries and described organizing and participating games at the Homewood on weekends.

All interviews were audio recorded using a digital recorder. These files were stored on a memory key that was kept in a locked cabinet in my office at Brock University until transcription of the recordings was completed. This key was given to Dr. Arai to be stored with other confidential study materials. Upon completion of this study the electronic files were destroyed. I transcribed each of these interviews and used memoing as a strategy for noting emerging ideas. This memoing process during transcription took the form of post-it notes on the side of my computer that were later entered into the NVivo software. This occurred concurrently with transcribing (Charmaz, 2006). The process of memoing captured any thoughts regarding patterns or themes that emerged throughout this initial submersion in the data. These notes formed the basis of the audit trail which contributes to the trustworthiness of the findings of this research. A documented path indicating how and why the analyses moved from raw data to

categories and themes was created via memos. The interview data was the first set of data to be analyzed and was the primary set of data from which the themes emerged.

Observations

Direct observations were made at each of the four *Leisure Connections* sessions and this was done for a single block. This was an essential piece of data as it shed much light on the *Leisure Connections* group itself and participants' experiences within the group. In addition to the data itself, these experiences provided material that was used during the interviews as prompts to gain a deeper understanding of participants' experiences. In observation research much detail on interactions and setting is recommended. This data is gathered by an impartial individual who makes no deliberate effort to intervene in the happenings within the group and makes every effort to blend in (Green & Thorogood, 2004; Patton, 2002). This type of data enables the researcher to see the group in the typical situations (Green & Thorogood, 2004). In making observations at the group sessions, there is also an opportunity to hear the language that participants use (Charmaz, 2006; Cottrell & McKenzie, 2005). In the context of this research the way that leisure was discussed, participants' experiences, their beliefs about leisure, and their healing journey was documented using the precise words of the participants whenever possible.

In the pilot study for this project there were instances where epiphanies were experienced during the *Leisure Connections* group. In some cases, participants did not reveal these experiences in the interviews that followed the completion of *Leisure Connections* (Miatello, 2005). These epiphanies were profound and provided opportunity to question these experiences as a way of gaining a deeper understanding of participants'

experiences. I used the observation data to probe for more information during the interviews.

The use of observation is supported by Charmaz (2006) and Patton (2002) to capture data that people choose not to share but can be observed in a natural setting. In this study, I was an onlooker in the group however, I did not participate in *Leisure Connections* even when Laura left and left one participant without a partner to work with during the pat-a-cake. These observations were conducted overtly which means that participants in the group knew who I was and my role as the researcher. At the beginning of the first session, I was aware that participants were watching me but as the session began, attention turned to Janet. From previous experience in this field setting, the experiential exercises in the *Leisure Connections* group involve the participants to such a degree that the researcher's presence in the field appeared not to be a distraction. For these reasons there was no need to deceive the participants in this research.

Before concluding the initial meeting where I invited *Leisure Connections* participants to participate in the research, I explained what to expect of me during the sessions. As I had explained, I sat with the group in the circle formation, across from Janet. I recorded notes throughout each session. For confidentiality reasons, I did not include the participant's real names in these notes but rather their pseudonym that I had assigned to them to describe their experiences in the group. Similar to the protocol of interviewing, notes were expanded following each session. I transcribed these notes.

Observation data was the secondary set of data. This data was more challenging to code because in many cases participants experiences were not thoroughly described but rather there was much nodding in agreement with other participants or very short

discussions mixed with Janet's questioning as participants reflected on their experiences. All themes that emerged from the interview data were compared against the observation data.

Reflection Cards

At the end of each of the *Leisure Connections* sessions the Recreation Therapist provided participants with a reflection card that she asked them to complete. Participants' were asked to record any insights or revelations that occurred as a result of the day's session. Specifically, the questions on the reflection cards were:

1. What specifically did you notice about yourself in today's session?
2. How does this awareness about yourself impact the choices you make in your free time or in social relationships?

The Recreation Therapist collected these cards at the end of each *Leisure Connections* session. She provided comments or posed questions via written feedback on each of the reflection cards and returned all of the reflection cards at the completion of the last session.

A copy of these cards were gathered and included as data, as another method of ensuring a complete and thorough "story" of each participant's understanding of leisure in healing from trauma. Participants' reflections as well as the Recreation Therapist's feedback were transcribed verbatim. This data was reviewed and incorporated into the themes whenever possible. Due to the nature of this open, undirected data collection method, sometimes this data lacked necessary context or was confusing to anyone other than the participant. The reflection card data was the most difficult to analyze and present in the findings. In some cases, cards were difficult to read and almost illegible. In

other cases, the data appeared as words strung together almost cryptic in appearance. A complete description of the analysis process will be explained in greater detail in a subsequent section.

This section outlined the methods to be used for data collection and the rationale for each of the methods as well as the steps that were taken to recruit participants. The next section describes the ethical considerations and the review processes that were completed both at Brock University and at the Homewood Health Center.

Ethics

The larger study of which this thesis forms a part has passed ethics review at Brock University and the Homewood Health Center. This research had some special ethical considerations that needed to be addressed. This section will discuss the risks and benefits of this research, the informed consent process and the protocol for dealing with adverse reactions to the interview process.

Since individuals who decided to participate in the research were in the program for their own healing treatment, involvement could in no way negatively effect participants' healing experience. There was a risk that participants would feel that they must participate in the research when participating in *Leisure Connections*. In order to manage this risk the Recruitment letter and the Informed Consent form explained that participation was voluntary (see Appendix C). When explaining this, I mentioned that participants may choose to withdraw from the study at any time. To ensure that the experience in *Leisure Connections* was not affected by the research process the Recreation Therapist was blind to the participants in the research project. This was explained to the participants'. Since I observed the *Leisure Connections* sessions, it was

essential to obtain consent from each individual registered in the group, whether or not they decided to participate in the research. In the instances where two individuals chose not to participate, overall group observations were documented however, nothing was recorded about those individuals' specific experiences. Informed consent was obtained from all participants regardless whether they participated in the research or allowed me to observe the *Leisure Connections* sessions, all participants were given the choice.

Every effort was taken to design the interview questions in such a way that will generate insights into leisure and healing without probing into trauma histories. Before beginning the interview, participants were reminded that the focus of the interview was on present experiences in the Program for Traumatic Stress Recovery and *Leisure Connections*. There were no situations where participants became upset during the interview however, the following protocol were developed in advance of entering the field. The interview would be stopped and I would ask the individual to take a few moments to ground using one of the strategies that they had learned and were being practiced while at Homewood. I would tell the individual that I would mention this experience to their nurse. I would explain to their nurse that during our interview there was a point where they became upset and that we stopped the interview early. This would enable the nurses to provide the individual further support in dealing with what it was that caused the upset. Finally, a report of the incident will be forwarded to the Research Ethics Board at Brock University and the Homewood Health Centre.

Some of the potential benefits to the participants included satisfaction derived from feeling a sense of value for their input, sharing their experiences and knowing that they assisted in program improvement and being part of an effectiveness study. Participants

from the pilot research shared their excitement with me about the ability to help since their experiences in the group had been so positive. Finally, the findings added to the literature on leisure, specifically with respect to survivors of trauma and the uniqueness of the experiential, psycho-education that creates the recreation therapy group, *Leisure Connections*.

All participants enrolled in the block of *Leisure Connections* that was observed met individually with me prior to the commencement of the first session. Regardless whether individuals participated in the research, an informed consent form was signed indicating that all individuals in *Leisure Connections* were comfortable with my observations of the group. A copy of the combined letter of Introduction and Informed consent is attached in Appendix C. I read this letter to each participant and both myself and each participant signed the form. A signed copy was given to the participant and I kept a copy. This was kept in a locked cabinet at Brock University.

There was one participant who decided not to participate in the research after initially agreeing to, however their decision was made prior to the commencement of *Leisure Connections*. In this case they contacted me. We completed a new informed consent form indicating this participants' comfort with my observation of the *Leisure Connection* sessions. The observations did not include any specific information on this individuals' experiences but rather overall group interactions and themes that arose.

The Research Ethics Board at Brock University (REB) indicates that "information revealed by participants will not have any distinctive character or recognition factor, such that information can be matched to individual participants." If this is the case, the data cannot be considered anonymous. The REB adds that "any information collected using

audio-taping, video recording, or interview cannot be considered anonymous.” Since I knew the identity of each of the people participating in the research, I was not able to guarantee anonymity according to these guidelines. As the researcher, I was the only person who knew the true identity of the participants and when I discussed the data, including the experiences of specific participants in team meetings, participants were referred to using their pseudonyms.

To ensure confidentiality there were specific measures that were taken. To protect the identity of the participants their names were stripped from any transcripts and they were each assigned pseudonyms (Creswell, 1998). Any documentation containing participants’ true identity, including the master list linking true identities with pseudonyms or informed consent forms were kept in a locked drawer in the office of the researcher at Brock University. These documents, as well as the audio recordings of the interviews and the observation notes were destroyed upon completion of the study. In research meetings participants were referred to using their pseudonyms and details that would disclose their identities were not discussed.

In the context of the write up and dissemination of the results, similar attention was given to protecting participants’ identities. Although thick descriptions were provided to the reader, any quote that could identify a person was either omitted from the write up or else the quote was stripped of any identifying information. Another way of protecting the identities of participants’ was providing a general description of the time period of data collection. Similarly, when information was presented regarding the participants, they were described in general terms, including their collective age range, the number of male and female participants, as well as the ethnic distribution of the group.

Confidentiality can be broken only when the law requires that information be disclosed, in cases where potential harm to oneself or the threat of harm to another person is disclosed to the researcher. A situation like this never arose and as such, confidentiality was maintained.

The use of qualitative interviews and observations to gather data and theorize sought to uncover how adult survivors of trauma understood leisure and how this understanding of leisure changed as survivors of trauma experienced *Leisure Connections*. The subsequent section outlines the process of analyzing the collected data.

Data Analysis

Data analysis for this research project was a cyclical process beginning with the transcription of the data and completed by writing the findings. For this ongoing process, the constant comparative method of data analysis including phases of initial, focused and axial coding were employed (Charmaz, 2006). The goal of this constant comparative method was to reach a point of saturation from the data being analyzed. This meant that the researcher scrutinized the transcripts and documents to the point when no new themes or patterns emerged from the data. This technique was employed throughout data analysis of this project (Charmaz, 2006; Creswell, 1998; Green & Thorogood, 2004; Glaser & Strauss, 1967; Patton, 2002).

As categories emerge from the data, Charmaz (2006) described theoretical sampling as a means to “*saturate* your categories with data” (p. 96). Reaching a point of saturation in the data required a lengthy period of time. Analysis began concurrently while transcribing whereby memos were made regarding early emerging patterns. As transcripts were completed they were loaded into the data management software NVivo

7.0. NVivo was used throughout the analysis process including initial, focused and axial coding. Data was open coded using the following sensitizing concepts: free-time, self-concept, freedom, fear, meaninglessness and isolation. The first three concepts emerged from the findings of the pilot research while the other four are the ultimate concerns of existentialism. The concept freedom overlapped as it emerged from the pilot data and was central in existentialism. Data analysis continued until the findings chapter was written.

Initial, Focused and Axial Coding

Open, axial and selective coding provided a step-by-step way of analyzing data and are closely linked to the process of the constant comparative model (Glaser & Strauss, 1967). This research project is founded on the constructivist grounded theory methodology described by Charmaz (2006). Specifically, Charmaz described the stages of coding as, Initial, Focused and Axial coding.

“Qualitative codes take segments of data apart, name them in concise terms, and propose an analytic handle to develop abstract ideas for interpreting each segment.” (Charmaz, 2006, p. 45) The initial analytical step was to define what the data were about and label each line of data. This is similar to the open coding process by which categories are discovered in the data (Patton, 2002; Strauss, 1987). I felt overwhelmed by the amount of data that was to be coded. Initially I coded the interview data and grouped the codes into categories. The observation data was not used in the initial process of coding but rather was compared to the initial categories that emerged. The short segments of data and non-verbal communication indicating when something Janet said resonated

with them, was difficult to code. Reflection card data posed a similar challenge. And as such, a similar process was followed with respect to reflection card data.

Interview data was read line-by-line and coded using succinct, descriptive terms – specifically *in vivo* codes whenever possible. By attaching line-by-line descriptors to the data, it ensured that the initial codes and the foundation of the analytical process were founded in the data (Charmaz, 2006). Throughout the initial coding process for instance, I noted similarities and differences among participants’ experiences or discrepancies between participants’ descriptions of their experiences and their experiences as noted in *Leisure Connections*.

Focused coding sought to determine which of the initial codes were most significant or recurring and describe larger segments of the data. The goal of focused coding was “to determine the adequacy” (p. 57) of the initial codes (Charmaz, 2006). This active process by me, the researcher, provided the opportunity to see the emergent connectedness of the initial codes but also the connectedness to the sensitizing concepts. By comparing data with data and initial codes to one another, a more focused description of the category emerged (Charmaz).

Axial coding, was the process by which subcategories were connected with a broader category (Charmaz, 2006; Patton, 2002). Strauss (1987) adds that this phase of analysis focuses on one category at a time and usually begins after the initial coding process is nearing completion. Axial coding provided a means of connecting properties and reducing data as indicated in the constant comparative model. The focused and axial steps of coding data occurred concurrently as emergent categories became evident. For instance, as alternative explanations were developed, the focused and axial analytic steps

were reviewed and repeated to ensure categories and their connected subcategories were founded in the data. This meant that as categories and subcategories were created, they were compared to the data to ensure fit. If the subcategories did not fit with the category or did not offer a coherent description of the participants' experiences, the focused coding process was repeated (Charmaz, 2006).

These analytical processes were followed throughout the analysis of the data collected for this research. Preconceptions about the research and the data were managed by revisiting the data after periods of time had passed. At each point, the data and codes were reexamined. Additionally, throughout this process, I reflected upon this research and what I had learned from research participants, how I felt and how I channeled my thoughts and feelings during both the data collection and analysis phase.

In the process of writing the results, I found that I was trying to fit the description of participants experiences in *Leisure Connections* into the descriptions of the themes. In consultation with my supervisor, I decided to use the observation and reflection card data to describe *Leisure Connections* and place this in a new chapter that preceded the findings.

Sensitizing Concepts

Sensitizing concepts or what was already known when entering the field – in this case were the leisure themes that emerged from the pilot data. In the analysis of the data collected during the pilot study, the broad concepts around which the program itself had been designed were used as sensitizing concepts. This means that they guided the initial process of open coding however many other themes emerged. A thorough grounding in

the data was maintained throughout the analysis of the pilot research and was maintained throughout the analysis of this research.

Pilot research yielded findings, which suggested that *Leisure Connections* aided participants in their healing journey. It appeared to facilitate an increased understanding of the role of leisure in individuals lives as the healing journey progresses; however, there was still an opportunity to gain a deeper understanding of this change pattern. Data from the first year revealed an increased understanding of self among participants who completed *Leisure Connections* (Miatello, 2005). Based on the findings of the pilot research, it was suggested that the program had multiple benefits including increased feelings of safety, tolerance for self-nurturing, improved ability to ground oneself, connecting and communicating with others, a heightened awareness of behaviour patterns and changes that are being made in leisure time, the realization that others have similar experiences and learning how to live again.

Many of the aforementioned healing benefits connected with the four ultimate concerns of existentialism – death, freedom, meaninglessness and isolation. In the context of trauma, feeling unsafe prompted individuals to question their survival abilities. Traumatic re-enactments sometimes facilitated self-harming behaviours, for instance substance abuse and in some cases, leisure experiences (van der Kolk, 1989). These actions enabled feelings of diminished self-worth (Griffin, 2005).

Free-time emerged as a theme during the pilot study and required further investigation. Specifically, participants' experiences in free time required additional probing. According to the literature, free-time can be a vehicle for improving or maintaining health such as stress buffering (Coleman, 1993; Iso-Ahola, 1980; Iwasaki,

2003; Iwasaki, Zuzanek & Mannell, 2002; Tugade & Fredrickson, 2004) it can also be used to impede growth (Griffin, 2005). The theme that described the development of self-concept which emerged from the pilot data, was supported by the leisure literature inasmuch, leisure can facilitate the development of a positive sense of self (Miller & Harvey, 2001; Tedeschi & Calhoun, 2004). Control is a challenge for many who are healing from trauma. Since the traumatic experience was uncontrollable the survivor was left feeling as though they had no ability to make choices (Schilaldi, 2000). This was especially true when trauma was experienced in childhood. As a result control was a fundamental concept to understanding leisure in healing from trauma.

These sensitizing concepts provided a beginning point for the data collection in this research project. It facilitated a more focused interview.

Memoing and Reflexivity

In addition to coding and the constant comparison method, Strauss (1987) and later Chramaz (2006) noted another essential aspect of data analysis for grounded theory, the process of analytical memoing. Memoing was the process by which the researcher analyzing the data documented the trail of their thoughts and their rationale for the new themes that they developd and the placement of quotations within the themes and groupings (Charmaz, 2006; Creswell, 1998; Glaser & Strauss, 1967). These were documented by the researcher in the margins of the field notes capturing the central concept of a particular excerpt of data. Notes were made as data was transcribed as well as throughout all of the phases of analysis. Memos were captured in the NVivo files. This was especially important in instances when a single passage was coded into

numerous categories. The memos provided a connector between categories (Glaser & Strauss, 1967).

This act of memoing was a tool for reflexivity in qualitative research. Glaser and Strauss (1967) identified memoing as an integral part of the constant comparative process in data analysis. In grounded theory research, reflexivity was a way to identify what the researcher brings to the data (Charmaz, 2006). Moreover, reflexivity accounted for the complexities that arose when the researcher entered the field. The presence of a researcher in a field setting altered the dynamic of this setting. Since it would be impossible to eliminate the effects of the researcher on the setting, it was the job of the researcher to work toward becoming invisible and this was done by attempting to understand the culture and operations of life within the setting, in this instance in the Program for Traumatic Stress Recovery at Homewood Health Centre (Holliday, 2002).

The personal stance of the researcher could not entirely be separated from the analysis, however, it was identified both during data collection (journaling) (Creswell, 1998) and continued throughout the entire analysis process (memoing). Given the inductive nature of this qualitative research project, the goal was to approach the participants and later the data from a place of neutrality (Glaser & Strauss, 1967; Harry, Sturges & Klingner, 2005).

Closely connected to the stance of the researcher in data analysis was crystallization. Crystallization referred to the number of different angles from which data can be viewed. By recognizing my standpoint I uncovered a deep, thorough, albeit partial explanation of leisure as understood by people healing from trauma. Crystallization rejected the notion of validity or a single truth (Richardson, 2000).

Richardson (2000) indicated that by incorporating crystallization into qualitative research “paradoxically, we know more and doubt what we know” (p. 934) thereby recognizing that discovery is unending and other perspectives to be examined. This allowed the researcher to reflect on and identify the effect of personal and socio political values throughout all phases of the analysis which was documented in the journaling process (Charmaz, 2006; Richardson, 2000).

A Reflexive Note on Data Collection and Analysis

Before beginning data collection, I recalled feeling nervous about the interviews. They were one on one. I knew that the questions did not probe about past traumatic experiences and I had a protocol for dealing with flashbacks or re-enactments but I just kept wondering, what if? I second guessed myself – how would they react? how would I react in the moment? What would the Homewood team think of me? As I conducted the interviews, I was put at ease but some were harder than others. Before each interview, I thought of the individual as fragile and I didn’t want to break them. I reminded myself that each of these individuals have survived much greater events than my interview and they are very strong. The strength and courage to engage in the Program for Traumatic Stress Recovery was evidence. I have great respect for the participants in this research but all of the participants in the Program for Traumatic Stress Recovery. I was certainly surprised by my concerns but very grateful for the experience – the opportunity for self growth.

I attended each of the four Leisure Connections sessions. Prior to each session, I attempted to check-in with Janet at her office. On the two days that we were able to connect (the first and second session days), we discussed how I was feeling being at the

Homewood, any issues that had arisen for me. I noted in my journal, following the first interview a situation as I walked toward my car. The first interview felt great – a very positive beginning. The participant and I walked out of the building together, she to smoke and me to drive home. She was very happy about the interview since she had an epiphany about herself while discussing her experiences in *Leisure Connections*. The best way to describe her was ‘bursting’ with energy and excitement. We said goodbye and I continued on my way and she on hers in a different direction. I noticed one of the staff psychiatrists walking to his car behind me. Suddenly I heard a loud scream. I stopped walking and turned around and noticed that the staffperson at Homewood had done the same but he walked back toward the group of people smoking. I saw no cause for panic - there was no frantic movement or yelling from the group. I continued on my way but felt ill. I questioned whether that was the individual with whom I had just spoken? Had I caused that? The feeling stayed with me all night and only when I returned to Homewood the next day did I begin to feel better – when I saw her in the hall again.

Another situation found me frustrated with a participant. We booked an appointment but she left a message at the nurses’ station for me indicating that she couldn’t keep it. I tried to find her to reschedule but she was not available the following two times I tried. On the third trial, she was in her room and we set a time to meet. She was being discharged so I really wanted to connect with her. When we spoke to schedule our meeting time, I asked if I could take her reflection cards to make a copy. She indicated that she had thrown them in the garbage immediately following *Leisure Connections*. I was frustrated. I felt like she didn’t want to participate.

Trustworthiness

Trustworthiness addressed the integrity of the findings of the research project (Lincoln & Guba, 1985). The four criteria of trustworthiness included credibility, dependability, confirmability and transferability (Lincoln & Guba, 1985; Patton, 2002). The following paragraphs described the criteria and the application of each in the context of this research.

Credibility emphasized the rigor of the research methods and how these methods were applied. Closely connected to with credibility is the notion of dependability which referred to the integrity and truthfulness of the presented findings. Credibility referred to whether or not the findings were believable by the reader or in other words, the quality of the research. As Lincoln and Guba (1985) described more than a single reality exists as is the assumption of naïve realism. This was supported by Richardson (2000) who purported that qualitative research was similar to a crystal. There were many facets and angles in a crystal and similarly, points from which to approach and view data. Credible findings present the readers with sufficient evidence to suggest that the themes and emergent theory was accepted by and represented the participants in the research. Credibility was addressed at all stages of the research process including the planning, the data collection and the data analysis stages.

Data collection techniques were designed to strive for the highest quality data possible (Charmaz, 2006; Patton, 2002). My previous experience observing the Program for Traumatic Stress Recovery and collecting interview and observation data with participants in the pilot phase of this research helped me to better understand the context of the program, the Homewood Health Centre and develop my comfort in interacting

with the members of the community – both participants in the Program for Traumatic Stress Recovery and staff. I studied qualitative methods at the undergraduate and graduate level and as a result, helped me to gain a better understanding of qualitative data collection and analyses which adds credibility to this research.

Patton (2002) described the need to have knowledge about oneself as the researcher. In recognizing my perspectives before beginning data collection and recording changes throughout the research process, I focused my attention on the details of the data during the collection and analysis phases. The reflexive journal was essential in documenting the existence of my presuppositions, beliefs and experiences to avoid imposing them on the data (Charmaz, 2006). The data analysis methods outlined previously in this chapter, were designed and executed in a systematic and thorough manner, adhering to the standards of qualitative research. As patterns emerged from the data I engaged in a continual process of developing alternative explanations and using the data to determine which explanation is the “best fit” based on the patterns in the data (Patton, 2002). The existential lens through which the data was viewed was acknowledged both in prior to commencing data collection and in the analysis phase (e.g., sensitizing concepts). By journaling the knowledge and presuppositions that I had, it helped me remain cognizant of my stance and provided my audience with context (Creswell, 1998). The use of memos and presenting my stance I provided the reader with a complete description of the analysis.

When addressing issues about the trustworthiness of the research the investigation of negative cases was important. Negative cases are data that are not consistent with the patterns that are emerging (Patton, 2002). There were no instances of negative cases

evident in the data. There was one participant whom although participated in the research, she was not able to articulate her experiences. This participants' data was sparse and in some circumstances dissimilar to the categories and themes of others but provided little meaningful data to create new categories. By presenting this, the credibility of the results was increased giving the reader a complete representation of challenges that existed throughout data collection and analysis (Lincoln & Guba, 1985; Patton, 2002).

This research was designed in such a way that allowed for triangulation as a means of strengthening the credibility of the research (Creswell, 1998; Lincoln & Guba, 1985; Patton, 2002). Multiple source triangulation assessed the consistency of the data employing one-on-one interviews with participants, observations at the four sessions of *Leisure Connections* sessions and reflection card data were all incorporated to assess consistency in the “stories” that participants’ shared.

Keeping an audit trail and a reflexive journal supported the dependability of this project. It related to the changes that occurred throughout the research process (Lincoln & Guba, 1985). The audit trail included a thorough documentation of the process and the decisions that were made as data was collected and analyzed. At its core, qualitative research permitted and encouraged flexibility which was documented to increase dependability of the findings. In this research, there were no changes that occurred in the field during the process of collecting data.

Transferability references the ability of the findings to be applied to another group of people with similar characteristics (Lincoln & Guba, 1985; Patton, 2002). With respect to qualitative research, the opportunity existed to take the findings and use them

when situations were similar. For this to be possible, sufficient detail about the context of the research and the findings was presented by the researcher (Patton, 2002). Thick description provided the reader with enough detail to visualize or imagine that they were in the setting that was described. In this research, an additional findings chapter was included to provide the detail regarding the Program for Traumatic Stress Recovery at Homewood, the Leisure Connections group and general details about the participants. Chapter Four presented the healing and leisure themes that emerged from the data. Given the detail and thick description of the information presented, the reader was given sufficient understanding of the context which enabled them to make their own decisions regarding the ability to take the results and apply them to another similar program or group of people.

Confirmability addressed the question, would similar findings would be reached if another researcher conducted a similar study given the same steps that I documented (Lincoln & Guba, 1985). The issue of confirmability was addressed by keeping a journal and documenting observations throughout the entire time spent in the field. Additionally, Richardson's (2000) notion of crystallization suggested that no two researchers would have an identical stance with respect to data analysis. This supported the importance of understanding and keeping a journal of my experiences.

Appendix C – Combined Letter of Introduction and Informed Consent



Department of Community Health Sciences
St. Catharines, Ontario, Canada L2S 3A1
T: 905-688-5550, Ext. 4228 F: 905-688-8954

www.brocku.ca

Title of Study: Evaluating Leisure Connections

Principal Researcher and Interviewer:
Dr. Sue Arai, Department of Community Health Sciences
November 2006

About the program evaluation

Ashleigh Miatello and Dr. Sue Arai from the Department of Community Health Sciences at Brock University are working with Janet Griffin, Recreation Therapist at Homewood, to evaluate the Leisure Connections group. The program evaluation will focus on understanding the impact of Leisure Connections on your awareness of leisure, knowledge of the benefits of leisure as a healthy coping resource, awareness of self and self-nurturing practices, and how Leisure Connections has contributed to your healing process. The research questions that guide this study are:

1. How does Leisure Connections facilitate client's knowledge and awareness of leisure in relation to experiences of healing from trauma?
2. What role does the practitioner play in the client's healing journey?
3. How does the Leisure Connections group assist participants on their healing journey?

Why are we doing the program evaluation?

Your involvement is greatly appreciated and will help to further our understanding about the ways Leisure Connections supports people in their healing journey. Your input will help us to make improvements to Leisure Connections and inform others about providing supports to people healing from trauma.

- *I understand that the purpose of this investigation is for program improvement; specifically, to understand the effects that Leisure Connections has on increasing participants' awareness and knowledge of leisure and how Leisure Connections contributes to the healing process.*

What will I be asked to do?

Ashleigh will be conducting an observation of Leisure Connections (4 sessions over 2 weeks). In addition, you will be asked to participate in an interview after participating in the Leisure Connections group. Each interview is expected to last approximately forty-five minutes. Some questions you might be asked include: What did you hope to gain from your participation in Leisure Connections? How has your participation in Leisure Connections affected the way you spend your leisure time?

- *I understand that my participation in this study will involve:*
 - a) *participation in an interview that will last for approximately 45 minutes*
 - b) *observations made at each of the four Leisure Connections sessions*
 - c) *analysis of the reflection cards that I complete during the group process*
 - d) *two short questionnaires (two times).*

Are my rights being protected?

To minimize any risks to you, every step has been taken to protect your identity. We are taking great care to ensure that information provided by you will remain confidential. Your real name will not be attached to observation notes, comments or issues raised within discussions, project reports or presentations generated from this study. To ensure that the program evaluation will not affect your experience in Leisure Connections the program facilitator, Janet



HOMEWOOD CORPORATION • HOMEWOOD HEALTH CENTRE • HOMEWOOD EMPLOYEE HEALTH • OAKWOOD RETIREMENT COMMUNITIES
www.homewood.org



Department of Community Health Sciences
St. Catharines, Ontario, Canada L2S 3A1
T: 905-688-5550, Ext. 4228 F: 905-688-8954

www.brocku.ca

Griffin will not know whether you are participating in the study. This information will be limited to you and Ashleigh and Sue from Brock University.

- *I understand that:*
 - *my participation in the study will bring only minimal risks or harms.*
 - *participation in this study is voluntary. I may withdraw from the study at any time and for any reason without penalty. I understand that if I choose to withdraw from the study my participation in Leisure Connections will not be affected.*
 - *I may ask Ashleigh questions at any point during the research process.*
 - *there is no obligation for me to answer any questions I feel are invasive, offensive or inappropriate.*
 - *there will be no payment for my participation.*
 - *the interviews I participate in will be audio taped to ensure accuracy and will be destroyed upon completion of the study.*
 - *my interview data is not anonymous (since my identity is known by Ashleigh) but all personal information will be kept strictly confidential. This means that:*
 - *all information will be coded so that my name will not be associated with specific responses.*
 - *only Ashleigh and Sue will have access to the original audio tapes and observation notes.*
 - *to protect my identity, information seen by Janet Griffin (Recreation Therapist) will be labeled with my code name.*
 - *all original audio files and information containing my true identity will be stored in a password protected computer system.*
 - *the notebook in which observations will be recorded will be kept in Ashleigh's possession at all times when at Homewood and my code name (not my true identity) will be used in these observation notes. I understand that these original observation notes will be destroyed at the end of the study.*
 - *I understand that the master list linking my name with my code name will be destroyed at the end of the study.*
- *confidentiality will be maintained unless disclosure of information is required by law. For example, in instances where the intent to harm self or others is disclosed to the researcher.*

If I agree to participate now, can I withdraw from the study later?

You may withdraw from the study at any stage in the process by informing the researcher (Ashleigh) or your nurse.

- *I understand that I may withdraw from the study at any point. To do so, I will contact either my nurse or the researcher or Ashleigh.*

How will I find out about the results of the study?

A written summary of the findings will be made available to you either by mail or by contacting Janet at the Homewood Health Centre. Additional reports may appear in academic journals and conference presentations; however, the specific identity of the participants in the study will not be disclosed.



HOMEWOOD CORPORATION • HOMEWOOD HEALTH CENTRE • HOMEWOOD EMPLOYEE HEALTH • OAKWOOD RETIREMENT COMMUNITIES
www.homewood.org



Department of Community Health Sciences
St. Catharines, Ontario, Canada L2S 3A1
T: 905-688-5550, Ext. 4228 F: 905-688-8954

www.brocku.ca

- I understand that the results of this study will be distributed in academic journal articles and conference presentations and a summary of the results will be made available to Homewood and participants in the study.

Who should I contact if I have questions or concerns?

If you have any questions concerning the interviews or the study in general, please feel free to contact us at Brock University:

- **Ashleigh Miatello**, Department of Community Health Sciences (905-688-5550 extension 3882; by e-mail at Ashleigh.Miatello@brocku.ca)
- **Dr. Sue Arai**, Department of Community Health Sciences (905-688-5550 extension 4783; by e-mail at sarai@brocku.ca)
- Concerns about your involvement in the study may also be directed to **Research Ethics Officer** of the Brock Research Ethics Board at 905-688-5550, extension 3035.

Alternatively, if you wish to contact someone at Homewood:

- You may direct general questions about the research to **Janet Griffin**, Recreation Therapist (519-824-1010 extension 2509; or e-mail at GrifJane@homewood.org).
- Questions about ethics (e.g., confidentiality, informed consent, your rights etc.) to **Dr. Steve Abdool**, Bioethicist and Director (519-824-1010 extension 2118; e-mail abdostev@homewood.org).

Has this research been approved by an ethics committee?

This study has been reviewed and received ethics clearance by the Research Ethics Board at Brock University (file # 05-349) and the ethics committee at Homewood Health Centre.

To be completed by you, the participant

Name: (please print) _____

- I have been given and have read the attached document provided to me by the researcher.
- By signing this letter/consent form, I am agreeing to the terms outlined in it and I acknowledge that I am participating freely and willingly and I am providing my consent.

How would you like to obtain the results of the study (please check one of the following):

- ☐ I would like to have a copy of the executive summary mailed to me.

Address _____
City/Province _____
Postal Code _____

- ☐ I will contact Janet Griffin at the Homewood Health Centre for a copy of the executive summary that will be available after January 31, 2006.

Signature: _____

Date: _____



HOMWOOD CORPORATION - HOMWOOD HEALTH CENTRE - HOMWOOD EMPLOYEE HEALTH - OAKWOOD RETIREMENT COMMUNITIES
www.homewood.org



Department of Community Health Sciences
St. Catharines, Ontario, Canada L2S 3A1
T: 905-688-5550, Ext. 4228 F: 905-688-8954

www.brocku.ca

To be completed by the researcher

- ☐ I have fully explained the procedures of this study to the participant.

Researcher's Signature: _____ Date: _____

Thank you for your help! Please take one copy of this form with you for further reference.

To be completed if you choose to withdraw from the study

If you wish to withdraw from the study, please indicate below your wishes regarding your data and further participation in Leisure Connections:

- ☐ I wish that specific observations of me not be taken but acknowledge that the researcher will continue to make general observations of the Leisure Connections group. I will allow data previously collected to be used in this study.
- ☐ I wish that specific observations of me not be taken but acknowledge that the researcher will continue to make general observations of the Leisure Connections group. I will not allow data previously collected to be used in this study.
- ☐ I wish to attend a different session of Leisure Connections (one that is not being evaluated). I will allow data previously collected to be used in this study.
- ☐ I wish to attend a different session of Leisure Connections (one that is not being evaluated). I will not allow data previously collected to be used in this study.

Signature of the Participant: _____ Date: _____



HOMEWOOD CORPORATION • HOMEWOOD HEALTH CENTRE • HOMEWOOD EMPLOYEE HEALTH • OAKWOOD RETIREMENT COMMUNITIES
www.homewood.org

Appendix D – Observation Protocol for the Leisure Connections Group

Observations for all blocks of the *Leisure Connections* group will be taken over a two-week period during the 4 meetings of *Leisure Connections*. The researcher will observe the participants as a spectator in each of the four one hour-long sessions. The researcher will not take on a participatory role in the group, but rather make unobtrusive observations about the topics outlined.

Data Collection:

The three main topics that will be the central focus of the group observations include:

a) The Physical Environment where the Group meets

A very thorough description of the setting in which the group meets will be recorded. The layout of items in the room along with a description of the lighting and physical characteristics of the room, such as wall colour and ceiling height, will be documented. The approximate size of the space as well as the purpose for which the room is intended will also be documented. The placement of the group within the room will also be recorded. Additionally, any changes in the environment from session to session will be noted.

b) Social Interactions throughout the Group

The way in which participants interact with fellow group members as well as, with the group facilitator is an important element in this research. Specifically, social cohesion, the number and nature of the interactions that occur, and the levels of trust that develop will be recorded. The way that the group is organized will be recorded, noting especially subgroups that form within the group and how the group is situated. The way in which the activities of the group unfold is certainly an important item to note. Also noted will be the differences in participation of group members. For example, observations about the level of engagement (or disengagement) of each individual in the group and the experiential activities.

c) Content of the Group Conversations

The themes that arise out of each of the sessions will be clearly outlined. The way that the group unfolds with respect to the activities and content will be documented. In addition, the researcher will observe participants' reactions to the change in activities as well as the content of the activities. Statements made throughout the group sessions, including reflective comments will be recorded.

As observations are made the following questions will be used as a guide:

- *Who is participating?*
- *What is being said?*
- *What actions are being carried out by the program facilitator and the participants?*
- *How does the program unfold?*
- *How receptive are the participants?*
- *What statements are made and what themes arise from these?*
- *What are the reactions of the participants?*
- *What is the nature of the interaction between the participants and the program leader?*
- *What are the changes in reactions and feelings of participants as the program evolves?*

Field Notes:

The field notes will be recorded by hand immediately following the completion of each of the *Leisure Connections* session. Content of the notes will be an elaboration of the aforementioned three topics outlined for data collection.

Appendix E – Participant Interview Guide

Introduction script for the post-session interview

Hello _____ , it's great to see you again.

Before we get started I just wanted to remind you that I will continue to keep your responses confidential and that none of your comments will be attached to your name in any of my reports. With your permission I would like to audio record our interview to ensure that I can have an accurate record of your thoughts and to help me when I write up the results of the study. [If participant agrees] OK let's just test this to make sure it is working properly. [Do sound check]

This interview has been designed to gather your thoughts about your experiences in Leisure Connections and about how your understanding of leisure has changed. As we go through the interview, if I ask a question that you don't want to answer, or of you start feeling uncomfortable please let me know and we can move on to another question, or pause the interview if we need to. Did you have any questions for me before we get started?

Great! Let's get started.

- 1. When you think about your time in the program before you started LC, what did you hope to gain from LC?**
- 2. When you remember your experiences in LC (provide cue card of activities), what are the main things that stand out for you?**
- 3. Thinking about other groups in the program (assessment week, playzone, etc.), what does LC add that is different?**
How have other parts of the program helped you to understand leisure?

This next set of questions focuses on how LC has enhanced your understanding of leisure and its meaning in your life.

- 4. Before you came to the PTSR, what would your recreation and leisure in a typical week have looked like?**
- 5. Before LC, what was your understanding of what leisure is?**
- 6. As a result of your experiences LC, how has your understanding of leisure changed?**
- 7. Was there a specific aspect of the group that helped you to make this shift?**

The next set of questions explores your responses on the Leisure and Recreation Involvement scales that we did in *Leisure Connections*.

- a. On the LRI your score at the beginning was ___ and at the end it was ___, has the meaning of your leisure and recreation activities changed for you?
 - b. On the LRI your score at the beginning was ___ and at the end it was ___, how has the pleasure you derive from your leisure and recreation activities changed for you?
Are you thinking about this differently? Are you feeling different when you are engaged in leisure?
How has your sense of fun or enjoyment changed?
How has LC influenced your understanding of self-nurturing?
 - c. On the LRI your score at the beginning was ___ and at the end it was ___, how has your interest in leisure and recreation activities changed for you?
 - d. On the LRI your score at the beginning was ___ and at the end it was ___, how has the importance of leisure and recreation changed for you?
 - e. On the LRI your score at the beginning was ___ and at the end it was ___, has there been a change in the intensity that you feel when you engage in leisure and recreation activities?
 - f. On the LRI your score at the beginning was ___ and at the end it was ___, has there been a change in how central your leisure and recreation activities are to your life?
8. When you think about your experiences in *LC*, how has your understanding of yourself changed? Do you think about yourself differently as a result of *Leisure Connections*?
How has your sense of fun or enjoyment changed?
9. How did *LC* help you to understand the choices you make during your free time?

I have a few more questions. These questions focus on the group and your experiences in *Leisure Connections*.

10. How did *LC* impact your understanding of yourself in relation to other people?
What did you learn about how you connect with others?
What did you learn about how you communicate?
What did you learn about how you trust others?
11. Thinking about the group of people you participated in *LC* with, how did the group affect your healing journey?
How did it feel to be part of the group?

12. **When you were in Leisure Connections did it feel like you were individuals or a group?**
Did that change over time?
13. **If you were to make recommendations about *LC*, what should we keep about *LC*? What should we change?**
14. **As your group facilitator, what does Janet do well?**
15. **What areas could she improve?**
16. **Anything else about your experience that you would like to add?**

Closing script for the interview

Thank you for participating in the interview. Do you have any questions for me? Any concerns about the interview that we just did?

Appendix F – Letter of Appreciation



Department of Community Health Sciences
St. Catharines, Ontario, Canada L2S 3A1
T: 905-688-5550, Ext. 4228 F: 905-688-8954

www.brocku.ca

Letter of Appreciation

December 2006

Dear _____

Thank you for your participation in the research project, "Evaluating Leisure Connections" and for taking the time to share your experiences with us. As you are aware, this research project was being conducted by Ashleigh of the Department of Community Health Sciences at Brock University in cooperation with Janet Griffin, Recreation Therapist at Homewood Health Centre. Your participation has enabled us to develop insight into how to make improvements to Leisure Connections. This will help us to ensure that participants are receiving the greatest benefit from the group.

Feedback about the results of the study will be available in January 2007, and will be mailed to you or can be picked up from the Homewood Health Center. If you have any concerns, questions or further comments about this research project, please do not hesitate to contact Ashleigh Miatello (905-688-5550 extension 3882; or Ashleigh.Miatello@brocku.ca) or Dr. Susan Arai in the Dept. of Community Health Sciences (905-688-5550 extension 4783; or e-mail sarai@brocku.ca). Alternatively, at Homewood, you may direct general questions about the research to Janet Griffin, Recreation Therapist (519-824-1010 extension 2509; or e-mail at GrifJane@homewood.org) and questions about ethics (e.g., confidentiality, informed consent, your rights etc.) to Dr. Steve Abdool, Bioethicist and Director (519-824-1010 extension 2118; e-mail abdostev@homewood.org).

Thank you again for your participation!

Sincerely,

Susan Arai, Ph.D.
Associate Professor, Faculty of Applied Health Sciences

Ashleigh Miatello
M.A. candidate, Faculty of Applied Health Sciences



HOMWOOD CORPORATION • HOMWOOD HEALTH CENTRE • HOMWOOD EMPLOYEE HEALTH • OAKWOOD RETIREMENT COMMUNITIES
www.homewood.org